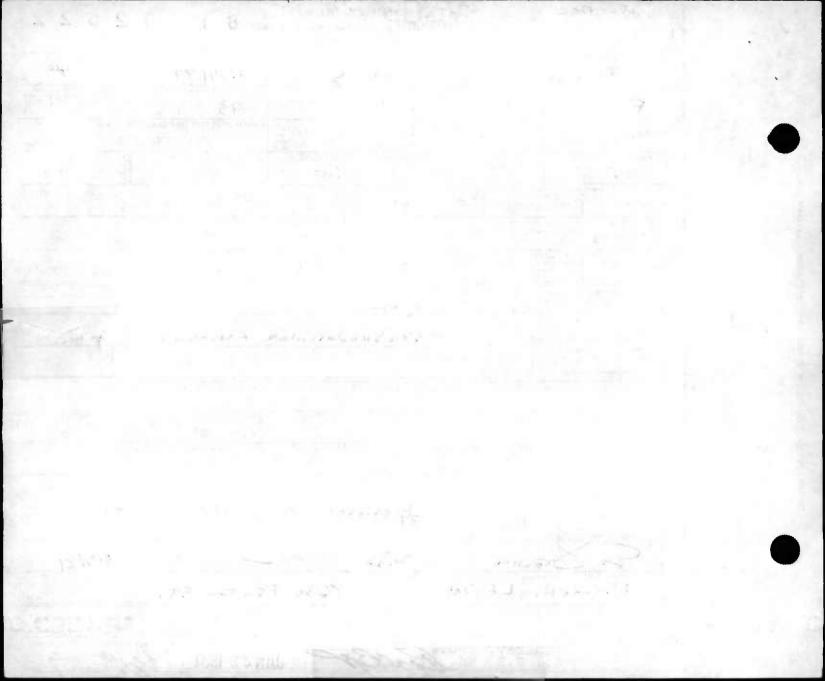
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PART I DEATH WAS CAUSED	BY:	_			1	APPROXIMAT	T. GOVERN
	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED		200 AUTOPSY?	20h. IF YES, WI	ERE FINDINGS	USED
OR CONTRIBUTION OF STREET			JURY OCCURR	YES NOTA	YES [_ ^	NO [
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	P.M. 218: PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FACTORY)		DИ	CITY OR TOWN		COUNTY	STA
		X		, to	e and hour and		
224. PHYSICIAN'S NAME (TYPE OR	PRINT)	22e ADDRES	PHYSICIAN C	DIRECTOR PHYSICIA	AN []	417/8	3(
Cremation	Jan. 1981 1		an		ia	Vir	STA
	PART 2 OTHER SIGNIFICANT CO	gove rise to immediate couse 101, stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO E 190 DATE OF OPERATION 190 CONTRIBUTING 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d, INJURY OCCURRED WHILE AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK 220.1 certify that (I) (this hospital) attended the deceased from above, (I) (we (Idid I (Idid not) view the body after death.) 22d. PHYSICIAN'S NAME (TYPE OR PRINT) EXAMPLE 1236 DATE 236 DATE	gove rise to immediate couse 101. stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 190 DATE OF OPERATION 190 CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. NUTURY OCCURRED 210. PLACE OF INJURY AT WORK AT WORK AT WORK 220. I certify that (I) (this hospital) attended the deceased from above. (I) (we) (did (did not) view the body after death. 220. SIGNIFICAN'S NAME (TYPE OR PRINT) 220. DATE 220. PHYSICIAN'S NAME (TYPE OR PRINT) 220. DATE 220. DATE 220. DATE 220. NAME OF CEMETERY OR (SPECEY) 220. DATE 220. DATE 220. DATE 220. NAME OF CEMETERY OR (SPECEY) 220. DATE 220. DATE 220. NAME OF CEMETERY OR (SPECEY) 220. DATE 220. DATE 220. NAME OF CEMETERY OR (SPECEY) 220. DATE 221. DATE 222. DATE 223. NAME OF CEMETERY OR (SPECEY) 224. PHYSICIAN'S NAME (TYPE OR PRINT) 225. DATE 226. NAME OF CEMETERY OR (SPECEY) 227. DATE 228. DATE 228. NAME OF CEMETERY OR (SPECEY) 229. DATE 220. NAME OF CEMETERY OR (SPECEY) 220. DATE 220. NAME OF CEMETERY OR (SPECEY) 220. DATE 221. DATE 222. DATE 223. NAME OF CEMETERY OR (SPECEY) 224. PHYSICIAN'S NAME (TYPE OR PRINT) 225. DATE 226. NAME OF CEMETERY OR (SPECEY) 227. NAME OF CEMETERY OR (SPECEY) 228. DATE 229. DATE 220. NAME OF CEMETERY OR (SPECEY) 220. DATE 220. NAME OF CEMETERY OR (SPECEY) 220. DATE 220. DATE 220. NAME OF CEMETERY OR (SPECEY) 220. DATE 220. NAME OF CEMETERY OR (SPECEY) 220. DATE 220. NAME OF CEMETERY OR (SPECEY) 220. DATE 220. DATE 220. DATE 220. NAME OF CEMETERY OR (SPECEY) 220. DATE 220. DATE 220. DATE 220. DATE 220. DATE 221. DATE 221. DOTATION 221. DOTATION 222. DATE 223. DATE 224. PHYSICIAN'S NAME (TYPE OR PRINT) 225. DATE 226. DATE 226. DATE 226. DATE 227. NAME OF CEMETERY OR (SPECEY) 228. DATE 229. DATE 220. DATE 220. DATE 220. DATE 220. DATE 220. DATE 221. DOTATION 221. DOTATION 221. DOTATION 222. DATE 223. DATE 224. PHYSICIAN'S NAME 225. DATE 226. DATE 226. DATE 227.	gove rise to immediate couse 101, stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 190 DATE OF OPERATION 190 CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. PLACE OF INJURY WHILE NOT WHILE ATWORK 210. I certify that (I) (this hospital) alterded the deceased from Sow the decease alive on above, (I) (we) (did (did not) view the body after death. BURIAL, CREMATION, REMOVAL 210. DATE PUMP NEW CONDITIONS 211. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 212. DEGREE ATTENDING PHYSICIAN CONDITIONS 213. NAME OF CEMETERY OR CREMATORY CP CHARLOIR STREET 190 DATE 212. NAME OF CEMETERY OR CREMATORY 190 DATE 213. NAME OF CEMETERY OR CREMATORY 190 DATE 214. DATE 215. DATE 216. NAME OF CEMETERY OR CREMATORY 216. DATE 217. NAME OF CEMETERY OR CREMATORY 218. DATE 2190 DATE 2190 DATE 220. DATE	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AND INJURY OF CURRENT	DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN 1% DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 21% ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN YES NOW YES NOW IN CERTIFYED 21% ACCIDENT WAS UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED 21% TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21% INJURY OCCURRED WHILE NOT WHILE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22% SIGNIFICANT NAME (TYPE OR PRINT) PEGREE ATTENDING MEDICAL STAFF PHYSICIAN S NAME (TYPE OR PRINT) 22% ADDRESS BURIAL CREMATION, REMOVAL 23% DATE 23% NAME OF CEMETERY OR CREMATORY 23% DATE RECTO. BY REGISTRAR 25% REGISTRAR 25% DATE RECTO. BY REGISTRAR 25% REGISTRAR 25% DATE RECTO. BY REGISTRAR 25% DAT	GOVER 10. Stoling the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF



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1.	FOR STATE REGISTRAR				IT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 REG. NO	0	2 3	2 3
	CEASED NAME E OR PRINT) NE	FIRST //e	PIA	AIDDLE	AL	A MIS	20 DATE OF DEATH	MONTH D	4 81	8:35 pm
3. SE	× Ferro	le	4. RACE CAUCI	ASIAN S	DATE C	DF BIRTH DAY YEAR 9-92	6 AGE IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
C	IRTHPLACE STATE OR FO		76. CITIZEN OF V	A WHAT COUNTRY? 8	MARRIE /IDOWE	DIVORCED	9 BALTIMORE CITY O Montgom	ery		MD.
	Olney		Brook	e Grove Ni	ress) ursi	ng Home	12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF retired	WORKING LIFE	INDUSTRY	of Business or ator
130.	AL RESIDENCE (IF NURS STATE Maryland	13b COU		GIVE RESIDENCE BEFORE ADA 13c. CITY OR TOWN Rockvil	,	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 199 Rolli	ns Av	e.	
14. F/	John		WIDDLE	Platt		15. MOTHER'S MAIDEN NA. FIRST Daisy	ME	M	c Cons	
	WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	271 10 12		17. INFORMANT E. James A	RockVI Adams 12809			
V	PART I. DEATH W	AS CAUSE IMMEDIA which	ED BY: TE CAUSE (a)	Ine for (0), (b), and (c)	G I	meeti	Clopest		APPROX BETWEEN 3	MATE INTERVAL ONSET AND DEATH PHAS
	gove rise to imm couse (a), statin underlying couse	g the	DUE TO, OF	as a consequence	EOF	lenti la	Acosar	,	10	3413
IFICATION		sen	like			NOT RELATED TO THE TERM				-2/0/
IFICA	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH OP	ERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	, WERE FINDING CAUSES	OF DEATH?

21b. TIME OF INJURY ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING __ CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f LOCATION STREET 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased fro (our) opinion death occurred on the date and hour and from the causes stated nat) view the body ofter death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR:

should be detoched for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial,

MPORTANT: If Item 21 is morked or Item 18

MEDICAL CER

certificate has been

ATTENDING PHYSICIAN: The low

JO HOSPITAL

retained by the haspital or attending physician.

1331 Rockville Pike Rockville, Maryland

myn m 23b. DATE

22d. PHYSICIAN'S NAME ITYPE OR PRINT)

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Alexandria, Virginia

1/16/81 Cremation Metropolitan Crematory

23c. NAME OF CEMETERY OR CREMATORY

120. ADDRESS NIN YOUR AVE B

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Tression 1/16/4 gerrorellan Hyenetery Lemmers, Virginian Syson Sheeler Fineral Hode, inc. 404

or Item 18 shows any injury, or other traumatic event, the mi

IMPORTANT: If Item 21 is marked

FOR - STATE

STATE OF MARYLAND CEDTIEIC ATE OF DEATH

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REGISTRAR				CLRIII	ICAIL OF DEATH	REG. I	10.		
I DECEASED NAME	FIRST		MIDDLE		LAST	28 DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
(TYPE OR PRINT)	Rose	M	arie	Ac	aga lia		1 11	181	1100
3 SEX	11-1-11-11	4 RACE		5 DATE O		& AGE (IN YEARS LAST BE		FUNDER I YEAR	IF UNDER 24 HRS
Female		Whi	te	Nov.	23, 1889	9:		DAYS DAYS	HOURS MIN
To BIRTHPLACE (STATE O	OR FOREIGN	16. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
New Yer	k	U.	S.A.	WIDOW	20	Mentge	amerv		MD
10 CITY OR TOWN OF	DEATH				OR OTHER INSTITUTION	12a DISHIAL OCCURA	LION	126. KIND C	OF BUSINESS OR
Gaithersbu	ırg		Health C		enter	ITYPE OF WORK FOR MOST Bd. of Ed.	(N.Y.	Cafe	Queen's teria
USUAL RESIDENCE (IF H	IURSING HOME OF	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE		1134. INSIDE CITY LIMITS?	113. STREET ADDRESS			
Md.		gemery	Gaithers		YES X NO	18601 Wa		Cheice	Rd.
14 FATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA				
Jehn		MIDDLE	Curcie		Flerence		1	Agogli	
160 WAS DECEASED EV			166 SOCIAL SECU	RITY NO	17 INFORMANT	18609			icee Rd.
(YES, NO OR UNKNOWN)	I IF YES, GIV	E WAR OR DATES)	080-16-4	37/	Eleaner Terr		ersburg		
THE CALLES OF DE	ATH	1	the for tal, (b)/and			did dai one	T Smire		ONSET AND DEATH
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gave rise to	immediate	(6)	Com acon	00		/ '		-	//
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PART 2 OTHER 5	GNI ICANT	CONDITIONS CO	DUTRIBUTING TO D	EATH BU	NOT RELATED TO THE TERM	AINAL DISEASE OR COI	VDITION GIVE	N IN PART 1	01
2 (9	aro.	me .	Leuas	1	tailure				
IN DATE OF OPE	RATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20s AUTOPSY?		WERE FINDI	
Ě						YES NO	YES		NO [
ING DATE OF OPE					216 HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18, PAR	T 1 OR PART 2)	
		ALC:	M. MONTH DA	YEAR	1 1 1				
OR CONTRIBUTING E		21e PLACE	OF INJURY		THE LOCATION	2000			
	WORK	J AT HOME, STI	PEET, FACTORY, OFFICE, F.	ARM, ETC.	11/0	cityonio	701	COUNTY	STATE
22a I certify that		ital) attended th	e showed from_	61	4/80 10	10 1/1/	8/ 10	9	that (‡) (y-E) last
sow the deci	sed aive an	11.6	100/ 19_	- 0	that in (my) (our) opinion	death occurred an the	date and hour		
22b. SIGNATURE	e) (did) (did pe	nt) view the body	filer death.	17	DEGREE			22c DATE	SIGNED
/Veu	Kal .	. 4	141111	1 /w	ATTENDING	MEDICAL STA	AFF	1/1	1/9/
224 PHYSICIAN'S	NAME (TYPE C	R PRINT)	and a	0.0	220 ADDRESS	J DIRECTOR D PHYS	/) //	1//	61
HEALPLA	1/1	NA	116/251	MA	5413/10N	av hano	BOTH	8/10	and.
230 BURIAL, CREMATIC	N REMOVAL	23b. DATE	1234 N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION	ou ji	V/M	
(SPECIFY)	T, KUMOTAL	TO THE			CHICIERY ON CREMATORY	CITY OF TOWN		DUNTY	STATE

DHMH-16 25M (VRA 15, 4) 1/79

Burial

Jan.14,181 Hely Cress Cemetery Gartner Sandison F. H. Gaithersburg, Md.

23d. LOCATION CITY OF TOWN

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page 3 er death

anding physician and campletely filled in carbanpapers. Pages 1 and 2 shauld be

by the attending physician

MPORTANT: If Item 21 is marked at Item 18 shaws any injury, at other traumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remaye carban pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remayal.

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~	- Since	-	-	

	FOR 1 - STATE REGISTRAR	DEPARTMENT OF H	E OF MAKITAND LEALTH AND MENTAL HYG LICATE OF DEATH	IENE 8 1 0	2 3 2	5
	1 DECEASED FIRST (TYPE OR PRINT)	D. Ale	CYANDER	1-3	22-81 6:	OUR 40P.M
	Female w	race 5. Date C month wite Mar		58 YRS.	MONTHS BAYS HOU	DER 24 HRS
7	Tenn.	USA		MONTE OF	nery	MD.
7	SIVER SPEME	NAME OF HOSPITAL, NURSING HOME CONTROL OF HOSPITAL NURSING HOME CONTROL OF HOSPITAL OF HOSPITAL NURSING HOME CONTROL OF HOME CONTROL OF HOME CONTROL OF HOME CONTROL OF HOSPITAL NURSING HOME CONTROL OF HOME CONTROL OF HOME CONTROL OF HIS HOME CONTROL OF HOME CONTROL O	HOSPItal	12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF Mil Potsannol	E) INDUSTRY Su Dont	Armu
5	USUAL RESIDENCE (IF NURSING HOM OR OTI 130, STATE Maruland Calve		13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS Bay 157		
	14 FATHER'S NAME FIRST MID Earnest	Drake	IS. MOTHER'S MAIDEN NA/ FIRST ANN	MIDDLE	Rolder	
1	160. WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE W			sband ADDRESS exander same	as 13	
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF			APPROXIMATE BETWEEN ONSET Sund Torr	
2	PART 2. OTHER SIGNIFICANT COIL 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	NOTIONS CONTRIBUTING TO DEATH BUT		200 AUTOPSY? 206. IF YES	, WERE FINDINGS L YING CAUSES OF D	
,	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19		RED (ENTER NATURE OF INJURY IN ITEM 18. P	ART I OR PART 2)	
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOMÉ, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
STATE STATE OF	270.1 certify that (1) (this haspital saw the deceased alive an above, (1) (we) (did) (did not 27b. SIGNATURE	19 V , or	, 19	, to learn the date and how		ED

PHYSICIAN PHYSICIAN

224 PHYSICIAN'S NAME (TYPE OR PRINT)

22e. ADDRESS 36 FEMTON ST

23e. BURIAL, CREMATION, REMOVAL (SPECIFY) Cromation

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

Jan. 24, 1981 Metropolitan Crematoria Alexandria Virginia
750. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

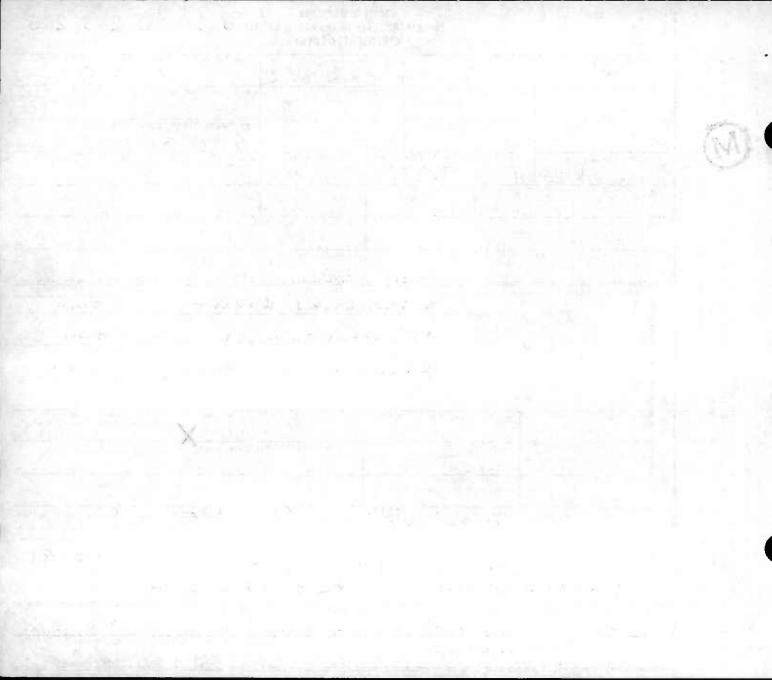
Francis J. Collinsoress 500 University Blvd. Silver Spring.

236. DATE

DHMH-16 30M 2/B0 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital ar attending physician

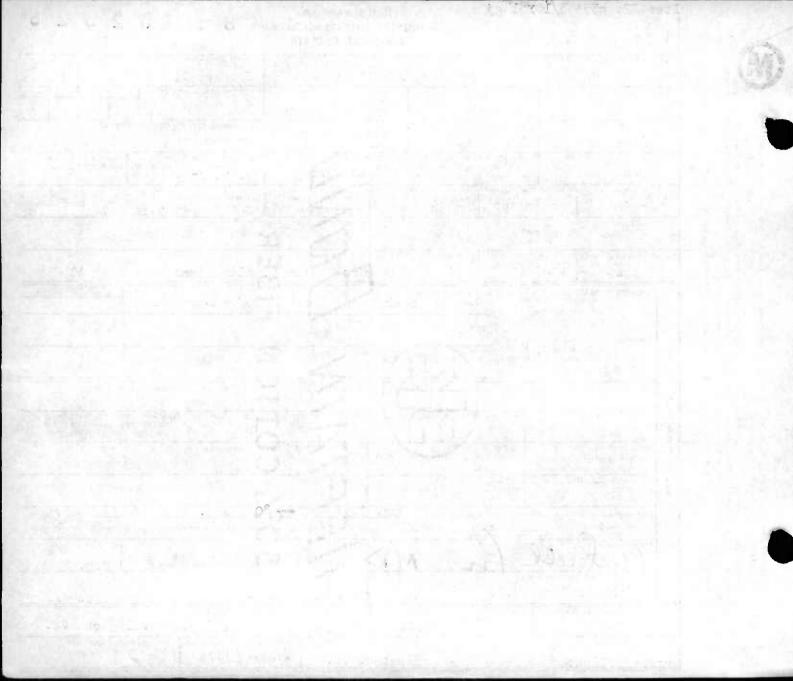


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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter retained by the hospital or attending physician.

BP. DHMH-16 30M 2/80 (VRA 15, 4)

	1 DE	REGISTRAR CEASED NAME	FIRST		MIDDLE	_	LAST	REG. NO.	ONTH DAY	YEAR	2b. HOUF
		E OR PRINT)	Rober		Francis	ALEX	ANDER	January 21	198		4:05
	3. SE	X		4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIRTH	-	DER I YEAR	IF UNDER 2
		Male		Caucas		July	20 1906	74	YRS.		HOURS
52	Ir	IRTHPLACE (STATE COUNTRY)		76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	DE NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR Montgomery		EATH	
27		ity or town of thesda	DEATH	Nation	HOSPITAL, NURSIN CHEACILITY GIVE STREET Naval	ADDRESS) Medi	or other institution cal Center	120 USUAL OCCUPATIO	N 12 WORKING LIFE) IN	b. KIND O	r BUSINES
23	130	AL RESIDENCE (IFN STATE Virginia	135 COUL	TOTHER INSTITUTION NTY Ington	GIVE RESIDENCE BEFOR	VN .	13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 4636 North	24th S	t.	
OM I	14. F/	Edward		f f ^{ole}	Alexand	er	15. MOTHER'S MAIDEN NAME Anna FIRST		Bull		ī
3	160 \	WAS DECEASED EV	ER IN U.S. AF	MED FORCES?	166 SOCIAL SECU 224 52		Mrs. Susan C	Alexander:	See i	tem 1	13
r, or other troumotic event, 1		Conditions, if o gove rise to couse (a), sto underlying col	ny, which immediate ating the use lost.	DUE TO, O (b) DUE TO, O (c)	r as a consequ	ENCE OF	sema; focal br				
ony injury, or other troumotic event,	CATION	Conditions, if o gove rise to couse (a), sto underlying col	ny, which immediate ating the use lost.	DUE TO, O (b) DUE TO, O (b) DUE TO, O (c) CONDITIONS CO	R AS A CONSEQU	ENCE OF ENCE OF	sema; focal br	INAL DISEASE OR CONDI	TION GIVEN IN	I PART 1(c	GS USED
naws any injury, or other traumatic event,	TIFICATION	Conditions, if o gove rise to couse (a), ste underlying car	ny, which immediate ating the use lost.	DUE TO, O (b) DUE TO, O (b) DUE TO, O (c) CONDITIONS CO	R AS A CONSEQU	ENCE OF ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN IN	I PART 1(c	GS USED
lem 18 shaws any injury, or other traumotic event,	CAL CERTIFICATION	Conditions, if o gove rise to couse (a), ste underlying car	ny, which immediate atting the use lost. IGNIFICANT (RATION UNDERLYING [] CAUSE OF DE.	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 19b COND	R AS A CONSEQUENCE ON TRIBUTING TO	ENCE OF ENCE OF DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDI 200 AUTOPSY? YES NO	TION GIVEN IN 20b. IF YES, WEI IN CERTIFYING YES X	PART 110 RE FINDIN CAUSES	GS USED
rked or flem 18 shows any injury, or other traumotic event, i	MEDICAL CERTIFICATION	Conditions, if o gove rise to couse (a), to underlying car part 2 OTHERS 19a. DATE OF OPEL 21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY M. 21d. IN JURY OCCI.	IMMEDIA ny, which immediate atting the use lost. IGNIFICANT (CAUSE OF DE. EDICAL EXAMINE) UNDERLYING CAUSE OF DE. EDICAL EXAMINE) WHILE WHILE	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 19b COND 21b. TIME CO HOUR A. P. 21e. PLACE (AT HOME, STI	IR AS A CONSEQUENT OF INJURY M. MONTH D M. OF INJURY MEET, FACTORY, OFFICE.	ENCE OF ENCE OF ENCE OF OPERATIO AY YEAR 19	NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCURP 21l. LOCATION STREET	INAL DISEASE OR CONDI 200 AUTOPSY? YES NO	20b. IF YES, WEI IN CERTIFYING YES X	PART 110 RE FINDIN CAUSES	IGS USED OF DEATH
2 1s morked or flem 18 shows ony injury, or other traumotic event;		Conditions, if o gove rise to couse (a), to underlying car part 2 OTHERS 19a. DATE OF OPEL 21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY M. 21d. IN JURY OCCI.	IMMEDIA ny, which immediate atting the use lost. IGNIFICANT (CAUSE OF DE. EDICAL EXAMINE) UNDERLYING CAUSE OF DE. EDICAL EXAMINE) WHILE WHILE	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 19b COND 21b. TIME CO HOUR A. P. 21e. PLACE (AT HOME, STI	IR AS A CONSEQUENT OF INJURY M. MONTH D M. OF INJURY MEET, FACTORY, OFFICE.	ENCE OF ENCE OF ENCE OF OPERATIO AY YEAR 19	NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCURP 21l. LOCATION STREET	INAL DISEASE OR CONDI 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY CITY OR TOWN 10. 10 Jan. 21	20b. IF YES, WEI IN CERTIFYING YES X IN ITEM 18, PART 1 C	REFINDIN CAUSES PREPART 2) OUNTY	AGS USED OF DEATH NO
NI: If Item 2.1 is marked or Item 18 hows any injury, or other traumatic event,		Conditions, if o gove rise to couse (a), to tunderlying car underlying car PART 2 OTHER S 19a. DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY M AT AT WORK AT AT WORK AT AT WORK A	IMMEDIA ny, which immediate atting the use lost. IGNIFICANT (RATION UNDERLYING CAUSE OF DE. EDICAL EXAMINE) URRED WHILE COUNTY (IV (this hosp rosed olive an intell) (dd hosp county) CULL	DUE TO, O (b) DUE TO, O (c) 19b CONDITIONS CONDITIO	R AS A CONSEQUENT OF INJURY M. MONTH D M. OF INJURY MEET, FACTORY, OFFICE, I	ENCE OF ENCE OF DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.) Dec. 81, 0	211. LOCATION STREET 19 211 LOCATION STREET ATTENDING PHYSICIAN	INAL DISEASE OR CONDI 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY CITY OR TOWN 10. 10 Jan. 21	20b. IF YES, WEI IN CERT IFY ING YES M IN ITEM 18, PART 1 C	OUNTY ST. 16 RE FINDIN CAUSES OUNTY ST. 16 From the 6	IGS USED OF DEATH NO STA
MADARI ANI: If them 2.1 is morked or frem 18 shows only injury, or other traumotic event,	MEDICAL	Conditions, if o gove rise to couse (a), to underlying car part 2 OTHERS 19a. DATE OF OPEL 21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY M. 21d. IN JURY OCCI.	IMMEDIA ny, which immediate the use lost. IGNIFICANT IN THE INTERIOR INTE	DUE TO, O (b) DUE TO, O (c) 10) CONDITIONS CO 19b COND 19b COND 21b. TIME CO HOUR A. FINAL PLACE (AT HOME, STILL AT VIEW the body CONDITIONS CO 19b COND	R AS A CONSEQUENT OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE. 19 21 21 21 21 21 21 21 21 21 21 21 21 21	ENCE OF ENCE OF DEATH BUT OPERATIO AY YEAR 19 FARM.EIC) Dec. 81 . o	21c. HOW INJURY OCCURS 21l. LOCATION STREET 11	200 AUTOPSY? YES NO CITY OR TOWN TO Jan. 21 death occurred on the data	20b. IF YES, WEI IN CERT IFY ING YES X IN ITEM 18, PART 1 C	REFINDING CAUSES OUNTY 81 from the cause of the cause	STATE OF DEATH NO STATE OF THE



BP DHMH-16 30M 2/80 (VRA 15, 4) FOR STATE

must be notified of once.

IMPORTANT: If Item 21 is marked at Item 18 shows any injury, at other traumatic event, the medical exagnine

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

2 8 3 2

	REGISTRAR				CENTIII	ICAIL OI	PLAIN		REG. NO.				
	CEASED NAME	FIRST	N	NIDDLE	L	AST		20. DATE OF	DEATH MONTH	DAY	YEAR	2b. HOU	IR A
liire		RTHA		A NN	AN	ASTAS	Т		Jan	21	81	10.	30 M
3. SE.	х	1	RACE		5. DATE C		19,1,9	6. AGE (IN YE	ARS LAST BIRTHDAY)	IF UP	NDER I YEAR	IF UNDER	24 HRS
	Female		WHITE		July	- 0	XXXX	61	Y	RS.	NS. UATS	HOURS	MIN.
	RTHPLACE (STATE OR F	OREIGN 7	CITIZEN OF	VHAT COUN	ITRY? 8		R MARRIED -	9. BALTIMOR	E CITY OR COU	INTY OF	DEATH		
ja.	OHIO	10	u.5	S.A.	WIDOWE		DIVORCED	Montg	omerv				MD.
10 C	ITY OR TOWN OF DEA	TH 1			URSING HOME (OR OTHER IN	ISTITUTION	12a. USUAL O			26. KIND C	F BUSINE	SSOR
	lver Spr		Holy	Cro	ss Hosp	oital			SPERSON		.C.PE	ENNY	CO.
USU.	AL RESIDENCE (IF NURS	HAL COUNT	THER INSTITUTION	13c. CITY OR		13d INSIDE	CITY LIMITS?	13e STREET A	DDRESS				1,50
	aryland	Mor	tgome	ry Si	lver	YES 🗌	NO 🗌	1948	Semin	ary	Plac	е	
14. FA	ATHER'S NAME FIRST	M	MODLE	LAS	Spring	15. MOTHE	R'S MAIDEN NA!	ME	WIOOFE		LAS	ST	
	, H.	М.		HURST			ETTIE			HUGH			
	VAS DECEASED EVER		MED FORCES?	16b. SOCIAL	SECURITY NO.	17 INFORA	30				OLLEG		RK WA
	NO			404-2	0-1540	ROB	ERT E. A	NASTAS		<u>ROCK</u>	VILLE		
	18. CAUSE OF DEATH	H (Enter only	ane cause per	~ 1			die.	86.11				ONSET AND	
	166	IMMEDIATE		wim.	onary	emo	olism				min	INTE	: 3
	1830				SEQUENCE OF						7,	mon	ths
	Conditions, if ony, gove rise to imm	which	(b) 1	1etas	tatic	Car	CINON	ne			11.	,,,,,	
	couse (a), statin underlying cause	g the	DUE TO, OR		SEQUENCE OF						34	1eal	- 3
			(c) (d)		CATCIN		OVATO	7			/		_
z	PART 2. OTHER SIGN	NIFICANT CO	ONDITIONS <u>CC</u>	NTRIBUTING	G TO DEATH BUT	NOT RELATI	ED TO THE TERM	INAL DISEASE	OR CONDITION	GIVEN	N PART 16	a	
CERTIFICATION	19a. DATE OF OPERAT	TION	19h CONDI	TION FOR W	HICH OPERATIO	N WAS PERI	ORMED	200 AUTOF	PSY? [20b. I	F YES. W	ERE FINDIN	NGS USE	D
IFIC									NO IN CI	ERTIFYING YES	G CAUSES	OF DEAT	
CERT	710. ACCIDENT WAS UND	DERLYING	216. TIME OF		7.54	21c. HOW	INJURY OCCURR				OR PART 2)	1.0	
	OR CONTRIBUTING (H HOUR A.A		DAY YEAR								
MEDICAL	216. INJURY OCCURE		21e. PLACE C	OF INJURY		211 LOCA	TION		CITY OR TOWN		COUNTY		STATE
¥	WHILE NOT WH	RK R	(AT HOME, STR	EET, FACTORY, OI	FFICE, FARM, ETC)	SIKI	:61		CHYORIOWIS		COOKIT	3	TATE .
	220.1 certify that (I)	(this hospite	ol) attended the	deceased f	rom 5/	12.	19.73	to	ANL	1 19_	81	that (I) (we) lost
	saw the decease above, (I) (we) (c	ed alive an_	JAN view the hody	16	19 .2 /., or	nd that in (m	y) (our) opinion (death occurred	an the date and	hour and	d from the	couses sto	ated
- 6	226. SIGNATURE		T. 1	oner dedin.		DEGREE					22c. DATE	SIGNED	
	Towet	1. 6	4guit		MI	2	PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		JAN.	21,1	771
	12 PHYSICIAN'S N	ME (TYPE OR	1/			22e ADDR	ESS 86.30	FEA	TON	57.			
	HUBEI	2T	J. A.	LPER	RT, M.D.		SILV	ER S	PRINC	-, M	1A	200	910
	BURIAL, CREMATION,	REMOVAL	23b. DATE		23c, NAME OF C	EMETERY O	RCREMATORY	23d. LOCAT	TION R TOWN		MINITH		1476
	BURTAL		1/24/	81	FT. L1	NCOLN		BRE	NTWOOD		TGEC		MD.
24 F	UNERAL DIRECTOR F	RANCI:	S J. CO.	LLINS	RESS		25a. DAT	E REC'D. BY RE	GISTRAR 25b. RE	OF TRAR	S SIGNAT	URE	
	00 UNIV. BL					2	0901 11	IN 2 2 19	981	wythe	d'sheep	UMadi	2
							0,	111		- 1		- 4	

ALPERTAL SELECT STATES THE REPORT OF THE PARTY OF THE THE TAX SECURE ST. SET. TENDENNE TO THE TOTAL THE STATE OF MARYLAND

and the second second second

es that the death certificate be

may be

completely filled in by

ve carbanpapers. Pages

been signed by the attending physician mit. Then please remove zone.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked or Item 18 shows any

injury, ar other troumatic event, the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

n	2	13	2	9
U	Con.	63	-	

1 -	STATE REGISTRAR	DII AI	CERTIF	ICATE OF DEATH	REG. NO	0.	
	CEASED NAME FRST PAUL	LINE (NMN)	AX	RAVANIS	VAN/15/8	MONTH DAY	Les Hour . 6-50 P M
3. SE		4 RACE	5. DATE C		& AGE IN YEARS LIGHT BUT	HDAY) IF UNDER	DAYS HOURS MIN.
	Female	Caveasian	10	4 6, 1938	42	YRS	A 711
	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTE	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O		AIH
10.0	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	WIDOWE		120 USUAL OCCUPATION	comery	MD.
10. 0	Olney	Montgomery		11/1-1	TOOKECA	FWORKING LIFE) INDU	ustry Business esociations
13a S	AL RESIDENCE (IF NURSING HOME O STATE 13b COU	INTY 130 CITY OR TO		13d. Inside City Limits?	13e STREET ADDRESS	later 51	reet
14 FA	THER'S NAME	0	1	15. MOTHER'S MAIDEN NA	ME		
	COSTAS	ARAVAN	15	ARGYRO	LA FA	LANCIS	LAST
	Al Al	VE WAR OR DATES)	CURITY NO.	Mac Hazel De	ADDRE	in law Rock	Kentino St.,
		ne 3/7-12	3337	11/12/1429/71	avanis, out		APPROVIMATE INTERVAL
	PART I. DEATH WAS CAUSI		NEGA	mIZ SEP	TICEMIA	BE	ETWEEN ONSET AND DEATH
	16 29 IMMEDIA	ATE CAUSE (0) TEAM		1146 2 0	1001111		
	Canditions, if any, which	DUE TO, OR AS A CONSEC	1 A-ST	-10 CARCI	NOMA L	UNG	
	gove rise to immediate cause (a), stating the		DUFUSE OF	(SMAC	L GELL	2) /	
	underlying cause last	DUE TO, OR AS A CONSEC	TH 1	IF TAST	1515 -		
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN P	ART 1(a)
O							
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE	FINDINGS USED AUSES OF DEATH?
I I					YES NO	YES 🗌	NO []
	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	LIQUID A M. MONITH	DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR P	PART 2)
EDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER		19				
VED.	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	VN 1 COUN	NTY STATE
-	AT WORK NOT WHILE AT WORK			11/10	/	/	,,
	22a. I certify that (I) (this hasp saw the deceased alive or	pital) attended the deceased fra	011	78/80 19		19	, that (I) (we) lost
-	obove, (I) (we) (did) (did no	not) view the bady after death.		nd that in (my) (our) apinion	death accurred on the do		
	22b. SIGNATURE	- Alle	All		MEDICAL STAR	FF /	16/8
	THE WALLE	M.D		22e ADDRESS	1 = 66.01	/	
	13018 1	geargea le	we ul	LULLAN ONA	court		
23a E	BURIAL, CREMATION, REMOVAL	L 23b DATE 2	C NAME OF	EMETERY OR CREMATORY	23d. LOGATION	COLINTY	STATE

BP

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or attending physician.

DHMH - 16 50M 1/76 (VR A 15 (4))

BURIAL

24. FUNERAL DIRECTOR

FOR

BURIAL Jan. 19,1981 Glenwood Cemetery Washington D.C.

INERAL DIRECTOR

NAME OHAMBERS CO. SILVER Spring, McL.

SPECIFY TOWN

ADDRESS

ADDR

The state of the s The state of the s Cary Notices, Sure May be sure or sureduce Mary hard thank you are not as the second of STATE OF THE STATE the state of the s Butter The 1877 Street Grades Washington The A. IS SHI MITTHE du Administração

injury, or other traumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

CERTIFIC

MEDICAL

SIGNATURE

		STA	TE	OF	M	ARYL	AND	
0	EPARTMENT	TUF	HE	AL!	TH	AND	MENT	Al

	REGISTRAR			CERTIF	FICATE OF DEATH	REG. NO.	
	1. DECEASED NAME FIRST (TYPE OR PRINT) ED 17	TH	L. /-		MIGER	JAN - 3	- 81 10:35 M
	3. SEX female	4 RACE Caucas	sian	5. DATE (H . DAY _ YEAR		FUNDER 1 YEAR 1F UNDER 24 HRS DNTHS DAYS HOURS MIN
	Maryland	U.S.A		WIDOW		Montgomery Co	or death unty MD.
	Rockville				or other institution me for the Age	170. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) d homemaker	126. KIND OF BUSINESS OR INDUSTRY at home
	USUAL RESIDENCE (IF NURSING HOME OF 130. SIAIE 134. COL	or other institution	GIVE RESIDENCE BEFORE Pt.Charle		13d. INSIDE CITY LIMITS?	849 Ivanhoe St.	
0	14 FATHER'S NAME FIRST Frank	MIDDLE	Lewis		Adelaide	WE	Schad
	160. WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	139-511-1		Rev.Richard H	ADDRESS Reichard 9701 Vei	Md. rs Dr.Rockville
	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last	DUE TO, O	PNEU R AS A CONSEQUE R AS A CONSEQUE	ENCE OF	ON JA	IN AL DISEASE OR CONDITION GIVE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH N IN PART 1(0)
	NO DATE OF OPERATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b IF YES.	WERE FINDINGS USED

21f. LOCATION

216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

NOX YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

CITY OR TOWN

AT WORK June 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on Uan above, (I) (we) (did) (did not) view the body of and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

ATTENDING MEDICAL STAFF **PHYSICIAN**

STATE

IN CERTIFYING CAUSES OF DEATH?

COUNTY

22e. ADDRESS

K St. N.W. Washington, D.C.

23a. BURIAL, CREMATION, REMOVAL 23b. DATE Jan. 8,1981 Burial

23c. NAME OF CEMETERY OR CREMATORY Govana Pres. Church

23d LOCATION CITY OR TOWN
Baltimore

24 FUNERAL DIRECTOR The Hysong Company 1300 N St. N. W. Wash. D.C. 250. DATERIGIE BYRECUS AR 256. REGIS HAW SIGNATURE

DHMH-16 60M 1/73 (VR A 15 (4))

Magict was 18 to 1 J V. 6 17 · · · . . . I I

Male BIRTHPLACE (STATE OR FOREIGN COUNTRY) Irkansas CITY OR TOWN OF DEATH Bethesda UAL RESIDENCE (IF NURSING HOME STATE ITALE ITALE	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	Oct. 11. 1891 Married Never Married WIDOWED DIVORCED NO DIVOR	26 DATE OF DEATH MONTH 6. AGE (IN YEARS LAST BIRTHDAY) 89 YRS 9 BALTIMORE CITY OR COUNT MONT GOMEN 170. USUAL OCCUPATION (TYPE OF WORK DO MOST OF WORKING) 130. STREET ADDRESS 261 CONFRESS	Y COUNTY
EX Male BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arkansas CITY OR TOWN OF DEATH Bethesda UAL RESIDENCE (IF NURSING HOME STATE (13b CO) Maryland Mon FATHER'S NAME FIRST	White 7b. CITIZEN OF WHAT COUNTRY USA 11. NAME OF HOSPITAL, NURSI (# MOSSUPPLY CAS STREET OR OTHER INSTITUTION, GIVE RESIDENCE REFO UNTY ROCKY ROCKY ROCKY	Oct. 11. 1891 Married Never Married WIDOWED DIVORCED NO DIVOR	99 YRS 9 BALTIMORE CITY OR COUNT MONT G-OMER 170. USUAL OCCUPATION (TYPE OF WORK DO MOST OF WORKING) 130. STREET ADDRESS	MONTHS DAYS HOURS TY OF DEATH CO LLTY 12b. KIND OF BUSINE INDUSTRY
Male BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arkansas CITY OR TOWN OF DEATH Bethesda UAL RESIDENCE (IF NURSING HOME STATE 13b CO) Maryland Mon FATHER'S NAME FIRST	White 7b. CITIZEN OF WHAT COUNTRY USA 11. NAME OF HOSPITAL, NURSI (# MOSSUPPLY CAS STREET OR OTHER INSTITUTION, GIVE RESIDENCE REFO UNTY ROCKY ROCKY ROCKY	Oct. 11. 1891 Married Never Married WIDOWED DIVORCED NO DIVOR	99 YRS 9 BALTIMORE CITY OR COUNT MONT G-OMER 170. USUAL OCCUPATION (TYPE OF WORK DO MOST OF WORKING) 130. STREET ADDRESS	TY OF DEATH CO LINTY 178. KIND OF BUSINE INDUSTRY
Male BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arkansas CITY OR TOWN OF DEATH Bethesda UAL RESIDENCE (IF NURSING HOME STATE (13b CO) Maryland (Mon FATHER'S NAME FIRST	78. CITIZEN OF WHAT COUNTRY USA 11. NAME OF HOSPITAL, NURS (# NOTESTALL PLANE SAY STREET OR OTHER INSTITUTION, GIVE RESIDENCE REFO UNTY ROCKY ROCKY	Oct. 11. 1891 MARRIED NEVER MARRIED DIMORCED DI	9 BALTIMORE CITY OR COUN MONTGOMER 178. USUAL OCCUPATION 1779-05 WORK FOR MOST OF WORKING 130. STREET ADDRESS	TY OF DEATH 4 COUNTY 176. KIND OF BUSINE INDUSTRY
BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arkansas CITY OR TOWN OF DEATH Bethesda UAL RESIDENCE (IF NURSING HOME STATE 13b CO) Maryland Mon FATHER'S NAME FIRST	78. CITIZEN OF WHAT COUNTRY USA 11. NAME OF HOSPITAL, NURS (# NOTESTALL PLANE SAY STREET OR OTHER INSTITUTION, GIVE RESIDENCE REFO UNTY ROCKY ROCKY	MARRIED NEVER MARRIED WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION IN ADMISSION IN SIDE CITY LIMITS? WE ADMISSION YES NO DIVINITY LIMITS?	9 BALTIMORE CITY OR COUN MONTGOMER 178. USUAL OCCUPATION 1779-05 WORK FOR MOST OF WORKING 130. STREET ADDRESS	Y OF DEATH Y COUNTY 178. KIND OF BUSINE INDUSTRY
Arkansas CITY OR TOWN OF DEATH Bethesda UAL RESIDENCE F NURSING HOME STATE 136 COI Maryland Mon FATHER'S NAME FIRST Thomas	11. NAME OF HOSPITAL, NURSI (# NOTSUBULT SAN STREET OR OTHER INSTITUTION, GHE RESIDENCE REFO UNTY 13c. CITY OR TO' TROMBY ROCKY	WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION 1005151 tal WE ADMISSION 13d. INSIDE CITY LIMITS? 111e YES X NO []	176. USUAL OCCUPATION ITYPO WORK FOR MOST OF WORKING 130. STREET ADDRESS	LIFE) INDUSTRY
CITY OR TOWN OF DEATH Bethesda UAL RESIDENCE IF NURSING HOME STATE 13% COC Maryland Mon FATHER'S NAME FIRST Thomas	11. NAME OF HOSPITAL, NURSI (# NOTSUBULT SAN STREET OR OTHER INSTITUTION, GHE RESIDENCE REFO UNTY 13c. CITY OR TO' TROMBY ROCKY	ING HOME OR OTHER INSTITUTION TOSTS 1 tal WE ADMISSION WN 134. INSIDE CITY LIMITS? TILLE YES X NO	TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY
UAL RESIDENCE IF NURSING HOME STATE 138 COI Maryland Mon FATHER'S NAME FIRST Thomas	or other institution, give residence sero unity or too tgomery Rocky	WE ADMISSION) WN 136 INSIDE CITY LIMITS? **Ille** YES *********************************	130 STREET ADDRESS	Chandal
STATE 136 COI Mon FATHER'S NAME FIRST Thomas	tgomery Rocky	WN 134 INSIDE CITY LIMITS? *ille YES **NO □		- Constitution
Maryland Mon FATHER'S NAME FREST Thomas	tgomery Rocky	ille YES X NO [
FATHER'S NAME FIRST Thomas				ional Ant '
Thomas	AND DUE LAST	15. MOTHER'S MAIDEN NA		LONAL ADV.
	Henry As	h Martha	MIDDLE	LAST
			Lavina ADDRESS	Duval
(YES, NO OR UNKNOWN) I IF YES, G	IVE WAR OR DATES) 487-09	-8821 F.E. Ash 11	922 Stonewood I	Lane Rockvil
no				APPROXIMATE INTEL SETWEEN ONSET AND
PART I. DEATH WAS CAU	SED BY		11.	
I IMMEDI	ATE CAUSE (a)	Tiple pulmonery	empole	1 mante
4447			1.	1 month
	(b) 1 1/L	bo Thrombosy, ri-	107	
couse 101, stating the	DUE TO, OR AS A CONSEOL	JENCE OF		
	(c)			
		1		
Chronic o				PS CES. WERE FINDINGS USE
190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		TIFYING CAUSES OF DEAT
				YES NO
210. ACCIDENT WAS UNDERLYING		DAY YEAR THE HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM TE	3, PART 1 OR PART 2)
		19		400
214 INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION STREET	CITY OR TOWN	COUNTY ST
AT WORK NOT WHILE	(All Home, orace, the four, of the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
22a.1 certify that (I) (this her	pital) ottended the deceased from	NOV, 6 ,19 50	10 Jan 19	, 19 8 , that (I) (
sow the deceased alive of	on Jan 11 19	and that in (my) (por) apinion	death occurred on the date and h	
226 SIGNATURE	nut) view the body offer death.	DEGREE		11c. DATE SIGNED
Lil un	L. Colum	M.D. ATTENDING	MEDICAL STAFF	1/12/01
224 PHYSICIAN'S NAME (TYP	OR PRINT)	22e ADDRESS	ZOMECTOR PRINCIAN D	
	PART I. DEATH WAS CAU IMMEDI Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICAN Character (Grand Control of Control 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (FEITHER, NOTHY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTHY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a.1 certify that (II) (this house sow the deceased olive above, (I) (MFE) Harto) (did 22b. SIGNATURE	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCY Conditions, if ony, which gove rise to immediate couse 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO Chyonic Gestive Tipe Condition for whice 19a DATE OF OPERATION 19b CONDITION FOR WHICE 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (# EITHER, NOTHY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21a certify that (I) (this hespital) ottended the deceased from sow the deceased olive on above, (I) (we) Helf (I) (did not) view the body ofter death. 22b SIGNATURE	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM Chyonic Gostover Contribution for which operation was performed 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 21d, ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 21d INJURY OCCURRED 21d INJURY OCCURRED WHILE AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK TO THE TERM OF THE	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G Chyshic G by the public of

DHMH-16 25M

(VRA 15, 4) 1/79

1331 Rockville Pike Rockville, Md. 20852

236. DATE

230 BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

COUNTY

STATE

1/16/81 Burial Mt. Washington Cemetery Kansas City, Missouri 250. DATE, REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

Prederic Clurence Lan

Male white Cet. 11, 1891 89

Arkansan USA

Pethesda Suburban Hospital foreman Cunndalier

Maryland Montromery Rockville X 261 Congressional Apt. 710

Thomas Henry Ash Martha Lavina Duval

no 487-09-8821 F.S. Ash 11922 Stonewood Lane Bockville, A

Purial 1/15/81 Mt. Wahin ton Celetery Manua City, Missouri Tyron heller Juneral Lone, Inc. 1331 Roc Ville Tike Rockvills, Md. 20 58 the

other

is marked or Item 18

21

MPORTANT

1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8	0 2 3 3 2.
1. DE C	CEASED NAME FRST	K. Av	redission	26 DATE OF DEATH MONTH	10-81 8 0 M
1. SEX	emale	white	Dec. 1, 1897	6. AGE (IN YEARS LAST BIRTHDAY)	# UNDER I YEAR # UNDER 2 HRS MONTHS DAYS HOURS MIN
	Syria	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomery	
	sington	NAME OF HOSPITAL, NURSIN	GHOME OR OTHER INSTITUTION FAIT dens N.H.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Search CES	12b. KIND OF BUSINESS OR
13e. S	AL RESIDENCE (IF NURSING HOME OR OTH TATE 136 COUNTY aryland Mont.		N BIN INSIDE CITY HAITS?	14200 Grand Northgate Ap	Pre Rd. ots. Wheaton, Md
	THER'S NAME FIRST MIDE	Yaghsezia	an Färida	WE	Yaghi bi'an
	(AS DECEASED EVER IN U.S. ARME ES, NO OR UNKNOWN) (IF YES, GNE WA		RITY NO. 17 INFORMANT 6379 Papken Pakh	nchanian S	27 Franwall Ave
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	Y:	Consulyana C	encest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause los stating the underlying cause last	DUE TO, OR AS A CONSEQUE	Diabetes,	CHF Show	lse
NO	PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
	2) a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216, TIME OF INJURY HOUR A.M. MONTH DA P.M.	21c HOW INJURY OCCURE 19	RED (ENTER NATURE OF INJURY IN ITEM	16, PART 1 OR PART 2)
MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (I) (this hashiral) saw the deceased alive an above, (I) (we) (did) (did not) v	1110 19	8 L, and that in (my) (g/l) apinian a	death accurred on the date and	haur and fram the causes stated
	22b. SIGNATURE	new rife body offer death.	DEGREE		22c. DATE SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Rockville, MD.

COUNTY

Frauke Westphal, M.D.

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

809 Veirs Mill Rd. 23c. NAME OF CEMETERY OR CREMATORY

72e ADDRESS

23a BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) Burial

23d. LOCATION

STATE

24 FUNERAL DIRECTOR Wisc. Ave. N.W. Was Wash. D.C. 20016

Jan.

981

Gate of Heaven Silver Spring. 250. DATE REGIO. 256. REGISTRAR'S SIGNATURE BY REGISTRAR

DHMH-16 25M (VRA 15, 4) 1/79

BP.

1.1. 9 6 19 APT ninge renginutos entiretos entens.i. esgrace Then then the H. vervied ant. Eller Enter Contest Conteste Acts. Meeter, to naidinay abira de managay 2,000 210 2 . H. Maria illi . H. Eli . Maria I. . arial Jan. 13, 1981 Gote of Feeren Hilver Eming, Rd.

App. 7. o. . i. . Nach. I. C. 50016

Caucasian 7b. CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN MARRIED MEVER MARRIED COUNTRY United States WIDOWED Virginia DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION hadu Grove Adventist BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 131. COUNTY 136. CITY OR TOWN 13d INSIDE CITY LIMITS? Montgomery Rockville Maryland YES X NO 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Julius Baker Cora 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes 212-18-0103A Lionel 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) DIVISION OF VITAL RECORDS. CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION Hygiene p 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION LAT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from. DIRECTOR 1-20 19 81 sow the deceased alive on. abave, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE ± ATTENDING MD 22d. PHYSICIAN'S 22e. ADDRESS should be IMPORT, 23a BURIAL, CREMATION, REMOVAL

FOR

- STATE

TYPE OR PRINTS

(SPECIFY) Burial

Homes

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR Robert

SEX

REGISTRAR

Cecil

4. RACE

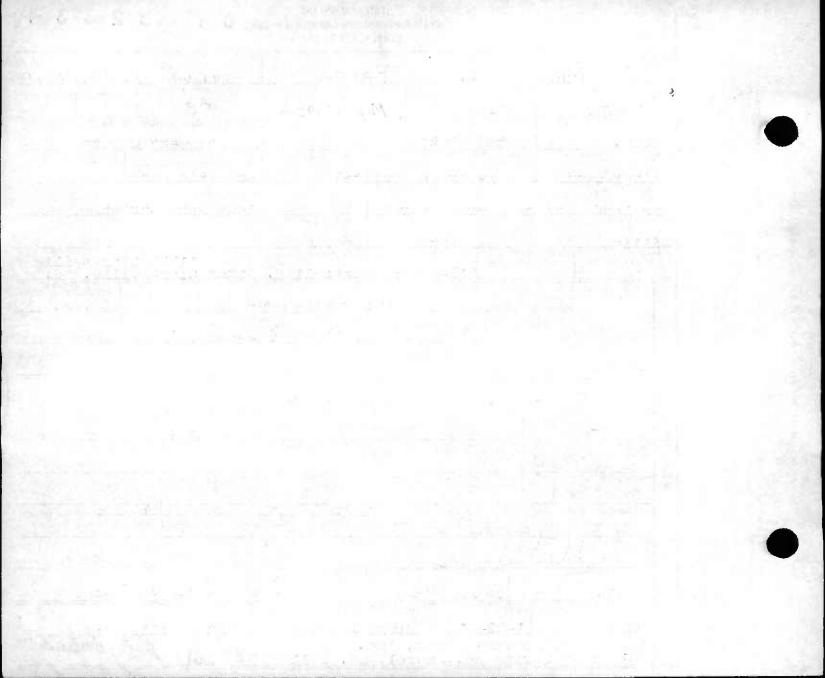
DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MIDDLE 20. DATE OF DEATH MONTH 2b. HOUR aker IF UNDER I YEAR IF UNDER 24 HRS 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 7a 9. BALTIMORE CITY OR COUNTY OF DEATH ontgomery 12h KIND OF BUSINESS OR Painter Self+employed 13e. STREET ADDRESS 2 Burgundy Court MIDDLE Russ ADDRESS Wheaton, MD Baker 12110 Selfridge Road 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOIL YES NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 23c. NAME OF CEMETERY OR CREMATORY .23.1981 Parklawn Mem. Park Rockville. Maryland 250. DATE REC'D. BY REGISTRAR 751. REFEISTEAR A. Pumphrey Funeral Bethesda, Maryland

passa or no contract to the contract of the co AND THE RESIDENCE OF THE PROPERTY OF THE PROPE Frankline Classiff Compagnition of - 12 - 12 - 13 - 12 - 13 Que and the second English to Frynger Phil William Carly Der Karalle and self-leaf and the self-leaf to the self-leaf to the self-leaf

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		CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 2a DATE OF DEATH MONTH	DAY YEAR 26 HOU
P	1117	MAR	4 D.	BAKER	JANUARY	19 1981 000
1	3. SE		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
1)	7a. B	RTHPLACE (STATE OR FOREIGN	White 7b. CITIZEN OF WHAT COUNT	RY? 8	- RAITIMORE CITY OR COLL	
		Country)	United State	MARRIED NEVER MARRIED	n Montgomert	
fied at on		ITY OR TOWN OF DEATH		RSING HOME OR OTHER INSTITUTION		12b. KIND OF BUSINE
208	S	lver Spring	Holy Cross	s Hospital	Domestic Wo	
e de	130	AL RESIDENCE (IF TURSING HOME STATE 135 COI	OR OTHER INSTITUTION, GIVE RESIDENCE BE UNITY 13c. CITY OR T		S? 13e STREET ADDRESS	
	Ma	aryland Pri	nce George La	IS, MOTHER'S MAIDEN	1008 Ward S	treet
1825		FIRST	MIDDLE LAST	FIRST	WIDDLE	LAST
	16a. \	11 iam Was deceased ever in U.S. A			ADDRESS	Day
Z medico	. (YES, NO OR UNKNOWN) (1F YES, C	215-38	3-3506 Carroll	R. Baker Clark	Clarksvill sville. Md.
rol.		18 CAUSE OF DEATH (Enter	anly one couse per fine for (o), (b)	, and (c)		APPROXIMATE INTE
even		PART I. DEATH WAS CAUS	ATE CAUSE (a)	CARDIAC ARRHYTI	MIA	1 MIN.
n, or motic		4292	DUE TO, OR AS A CONSE		1	YEARS
trau		Conditions, if ony, which gove rise to immediate	(b) RETURN	IOSCLETZOTIC FIFAT	DISERSE	YEARS
other		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	OUENCE OF		
burial ry, or		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
injur	ON ON	UREM	A - CHRONIC	RENAL FAILUR	RE	
s ony	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEAT
Hygien 18 show	1	21a ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	121, HOW INTURY OF	CURRED (ENTER NATURE OF INJURY IN ITEM	YES NO [
18 m		OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. MONTH	DAY YEAR	CORRED (ENTER NATURE OF INJURY IN HEN	(18 PART I ORPART 2)
or He	MEDICAL	21d INJURY OCCURRED	7 21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY S
rked	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC) STREET	CITYORTOWN	COUNTY
Teolt is mo		22a.1 certify that (I) (this has	pital) attended the deceased fro	625.1	78 , to 1)	7, 19 St., that (I) (
n 21			not) view the body after death.		nion death occurred an the date and	
If He		226. SIGNATURE	ALL ()	DEGREE ATTENDIN	G MEDICAL STAFF	22c. DATE SIGNED
Stote		22d. PHYSICIAN'S NAME	HOLING MID		,	112081
with the State		ARNOLD C	T. LEVY M	110	ilver spring m	D 20910
2 3	220	BURIAL, CREMATION, REMOVA	1 73h DATE	23c. NAME OF CEMETERY OR CREMATO		
, =	23U. I	(SPECIFY)			CITY OR TOWN	COUNTY 5



death

completely filled in

remove corbonpopers. Pages 1

MPORTANT: If them 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the should be detached for use as the burial-transit permit. Then please remave carbanpape with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval

executed within 24 hours ofter death. Page

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	1-	FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	0	2 3	3 5
1		CEASED NAME	FIRST		MIDDLE	ŧ	AST	2a DATE OF DEATH	MONTH D	AY YEAR	2b HOUR
	1	ONT NICE	Kerna	ve e	(NMN)	Bard	es	January 16	. 1981		4:55 m
1	SEX			4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	FUNDER I YEAR	IF UNDER 24 HRS
7)		emale		White		May	1, 1957	23	YRS.		
1	0	RTHPLACE (STATE O COUNTRY) nnsylvani		16. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE	D NEVER MARRIED &	9. BALTIMORE CITY O	-		ME
26	Bet	ty or town of di thesda		CLITHICE	r'center,	OF HOME C	Beth, Md	128 USUAL OCCUPATE (TYPE OF WORK FOR MOST C			F BUSINESS OR
2	13a. S Ma Y	AL RESIDENCE (IF NU TATE TYland	RSINGHOM OR NO COUN Balti	1TY	Baltimor	/N	13d. INSIDE CITY LIMITS? YES NO 🗌	13e STREET ADDRESS 2601 Madis	on Ave	. #120	1
00	14. FA	THER'S NAME FIRST John	H. Bar	des	LAST		15 MOTHER'S MAIDEN NA Avril	P. Jowers		LAS	
2		VAS DECEASED EVE ES, NO OR UNKNOWN)		MED FORCES? (E WAR OR DATES)	166. SOCIAL SECU		Mrs. Avril F	. Bardes (m	other	Box 35 Warre	6 n, Vt.
uner recomber event, me	7	PART I. DEATH Conditions, if on gove rise to ir couse (a), stod underlying cou	WAS CAUSE IMMEDIAT by, which mediate ting the	D BY: TE CAUSE (o) DUE TO, O	DIFFUSE,	SEVER ENCE OF	E PNEUMONITIS PULMONARY HEI			BETWEEN	imate interval OMSET and death
	NOI						NOT RELATED TO THE TERM				CYSTIS FOR
1	CERTIFICATION	19a. DATE OF OPER	ATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES █ NO □		WERE FINDIN ING CAUSES	
	MEDICAL CER	21a. ACCIDENT WAS U OR CONTRIBUTING [(IF EITHER, NOTIFY ME	CAUSE OF DEA	P.	M. MONTH D. M.	AY YEAR	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT OR PART 2]	
	MED	AT WORK AT W	WHILE		REET, FACTORY, OFFICE, F		21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
mem 21 13 mg		sow the deceded above, (Me) 22b. SIGNATURE	ased alive an	January	/ 10 ₁₉	81, or	ry 7 , 19 81 Ind that in (our) apinian DEGREE ATTENDING	, to _january death accurred on the death		and from the	

O HOSPITAL

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been

OR ATTENDING PHYSICIAN: The

retained by the haspital or attending physician

23a BURIAL, CREMATION, REMOVAL 23b. DATE Cremation Jan. 18,81

22d. PHYSICIAN'S NAME

23c. NAME OF CEMETERY OR CREMATORY Lee 's Crematory

Clinical

23d. LOCATION Washington,

Center, Bethesda, Md 20205

MEDICAL STAFF
DIRECTOR PHYSICIAN

22e. ADDRESS National Institutes Of Health

D.C. STATE

01/817/81

^{24 FUNERAL DIRECTOR} Hines/Rinaldi Funeral Home 11800 New Hampshire Ave. Silver Spring, Md.

	1-	FOR STATE REGISTRAR	DEPART	STATE OF MA MENT OF HEALTH CERTIFICATE	AND MENTAL HY	GIENE 8	0 2	3 3 6
y be death		OR PRINT) Albe	rt WBAR	TFE	LD	20. DATE OF DEATH	1 29 8	M
	3. SEX	MALE	WHITE	3	DAY 45	6 AGE (IN YEARS LAST BIR	YRS.	DATS HOURS MIN.
	(RTHPLACE (STATE OR FOREIGN OUNTRY) AUSTRIA	76. CITIZEN OF WHAT COUNTRY	MARRIED N	DIVORCED	MONTGOM	ERY	MD.
by the filed with	RO	OCKVILLE	Potomac Valler	NOVSINS	Center	120. USUAL OCCUPATION OF ART VEALE		IND OF BUSINESS OR
in 24 hou should be should be	13a. S MA	RYLAND MONT	ROTHER INSTITUTION GIVE RESIDENCE BEFORE BETOE B	YES)	AI -	130 STREET ADDRESS	ALBERT ROA	10
ompletely and 2 sh	Hŧ	THER'S NAME ERMAN	BARTFEL1	D F	ROSA FIRST	WIDDLE		ILER
be execu	NC NC	(AS DECEASED EVER IN U.S. AR (S. NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 085-18-0	9931A MRS	S. MADELE	INE SIGEL, 85	THESDA MA	BERT ROAD,
he death certificate he ottending physici emove corbanpaper motion, ar removol. ir traumatic event, th		PART I. DEATH WAS CAUSE	DUE TO, OR AS OCONSEQUENCES	ovas eule rul Arta	v Accis	olen/	BETY	PPROXIMATE INTERVAL WEEN ONSET AND DEATH 2 days Years
ow requires that the been signed by the mit. Then please rem prior to burial, crema any injury, or other t	TION	underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQU (c)	<u>DEATH</u> BUT NOT RE	THU.		DITION GIVEN IN PA	731-3
AN: The Inhysicion. hysicion. ricote hos ricote hos ricote hos ricote hos ricote hos ricote hos	AL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR 21c H		200 AUTOPSY? YES NOTER NATURE OF MUUI	IN CERTIFYING CA	NO [
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rat OR ATTEN y the hospitol AL DIRECTOR detached for u ore Dept. of H IT. If Hem 21 is		sow the deceased olive an abave, (1) (did) (4) 22b. SIGNATURE	Wigan 19 Wigan	m DEGREE	ATTENDING PHYSICIAN	MEDICAL STAI	22c. U	m the couses stated DATE SIGNED 29/8/
TO HOSPITAL retoined by 1 TO FUNERAL should be det with the State		JAMES	WEGAN	5	DDRESS Ce	dos In	- Betherde	u md 20014
90 L		BURIAL BURIAL	23b. DATE 23c KI	NAME OF CEMETER	MEMORTAL	GARDEN OR TOWN	LS CHURCH".	VIRGINIA

24 FUDBNIACIO TM. STEIN HEBREW MEMORIAL FUNERAL HOME 250 DATE REC'D. BY REGISTRAN 234 REGISTRAN 232 CARROLL STREET, N. W., WASHINGTON, D. C. CFB 4 1981

DHMH-16 30M 2/80 (VRA 15, 4) V SO I DIMERSION DE MARIE

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A	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be
//	my)

	1. DE	REGISTRAR CEASED NAME FIRST OR PRINTS	WIDDLE	TAST	REG. NO 20. DATE OF DEATH	ONTH DAY YEAR 2
	{IYPE	ANIT	A E BAU	GHARD	1/15/81	
1	3. SE	Female		ATE OF BIRTH 1921 MONTH DAY YEAR 5 - 24 - 44	6 AGE (IN YEAR'S LAST BIRTH	MONTHS DAYS H
19	7a BI	IRTHPLACE (STATE OR FOREIGN OUNTRY)	116	RRIED NEVER MARRIED	BALTIMORE CITY OF	COUNTY OF DEATH
9	/	Kona PK. MA.	11. NAME OF HOSPITAL, NURSING HO	ME OR OTHER INSTITUTION	12a. USUAL OCCUPATION OF WORK FOR MOST OF	ON 12b. KIND OF I
er mu	USU	7	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS		13e. STREET ADDRESS	4
exami	_	ATHER'S NAME	MODLE LAST	YES NO P	ME MIDDLE	Bex 24301
50	160 V	Edward WAS DECEASED EVER IN U.S. AR	LEWIS	ORA	ADDRE	LITTLE SS
if, the			WAR OR DATES) 216 80 08	84 J. Dec B	Aughard	DICKERSON
other traum		Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE (b)	wall way	Jone 1200	6-6
ŏ	NOI	gave rise to immediate cause (a), stating the underlying cause lost	c. A.	Eliste Ha	John Williams of Cond	L 6-70 DITION GIVEN IN PART 1101
shows any injury, or	TIFICATION	gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE (c) Driftiase	OFLISTE APA BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND 700 AUTOPSY? YES NO	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF
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18 shows any injury, or	MEDICAL CERTIFICATION	gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT OF THE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	DUE TO, OR AS A CONSEQUENCE OF THE CONDITIONS CONTRIBUTING TO DEATH 196. CONDITION FOR WHICH OPER. 116. TIME OF INJURY HOUR A.M. MONTH DAY Y	BUT NOT RELATED TO THE TERM ATION WAS PERFORMED EAR 19 211 LOCATION	20a AUTOPSY? YES NO	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES UP 11EM 18, PART 1 OR PART 2)
or Item 18 shows any injury, or		gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (19) DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEALIFE EITHER, NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTWHILE AT WORK 22a.1 certify that (1) (this hosping sow the deceased alive and some sow the deceased alive and some some the deceased alive and some some the deceased alive and some some some some some some some some	DUE TO, OR AS A CONSEQUENCE OF CONDITIONS CONTRIBUTING TO DEATH 19b. CONDITION FOR WHICH OPER. 21b. TIME OF INJURY HOUR A.M. MONTH DAY Y P.M. 21e PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE, FARM, ET	BUT NOT RELATED TO THE TERM ATION WAS PERFORMED EAR 19 211 LOCATION	28a AUTOPSY? YES NO RED (ENTER NATURE OF INJURY) CITY OR TOW	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES 15 YES 15 YES 16 YES 16 YES 16 YES 16 YES 17 YES 18 PART 1 OR PART 2)
T: If Item 21 is marked or Item 18 shows any injury, or		gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (19) DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEALIFE EITHER, NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTWHILE AT WORK 22a.1 certify that (1) (this hosping sow the deceased alive and some sow the deceased alive and some some the deceased alive and some some the deceased alive and some some some some some some some some	DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO DEATH 19b. CONDITION FOR WHICH OPER. 21b. TIME OF INJURY HOUR A.M. MONTH DAY Y P.M. 21e PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE, FARM, ET 101) oftended the deceased from	EAR 19 211 LOCATION STREET 2, ond that in (my) (our) opinion DEGREE ATTENDING	28a AUTOPSY? YES NO RED (ENTER NATURE OF INJURY) CITY OR TOW	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES YIN ITEM 18, PART 1 OR PART 2) N COUNTY 19 , the te and hour and from the co
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1. DE	REGISTRAR CEASED NAME TE OR PRINT)	FIRST		MIDDLE	LAST		T	20. DATE KN	OWN STI-		DAY Y	EAR
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	ale		June 19, 1		YEARS IF UNDER 1 Y HDAY) MONTHS DAYS YRS.	R. IF UNDER	MIN	2c. DATE PRONOUNCE DEAD		1	13 ₁₉ 8	_
7a BI	anto Domi	ingo	76. CITIZEN OF WHA	AT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRI	ED 1	9. BALTIMOR		_		
Ta	ity or town of DE. akoma Park		(IF NOT IN SUCH FACI	ility, give street address	ntist Hos		120 USU	AL OCCUPAT	erk Erk	OF WORK	OR INT	6 BU
130 S	AL RESIDENCE (# IN NO. TATE Laryland	1135 COUNTY	Geo ¹ s	E RESIDENCE BEFORE ADMI 13c, CITY OR TOWN	13d. INSI		1	8 ^R! \$1	cwoo	d Pl	ace	
		isto		yonet		THER'S MAIDE FIRST An		MIDDI	R	ami:		
16a. V	VAS DECEASED EVER	(IF YES, GIVE W		577-76-		nerva (Cast:	ro (sis	ter)	3711 Cot	37th]	Pla
	18 CAUSE OF DEAT		one cause per line f								APPROX BETWEEN	IMAT ONSE
7	Conditions, if gove rise to couse (a) stating	any, which immediate g the <u>under</u> -	(b)	AS A CONSEQUENC	E OF	DRCTCC						
	gove rise to couse (a) stating lying cause lost	any, which immediate g the <u>under</u>	(b) DUE TO, OR A	AS A CONSEQUENC	E OF							
	gove rise to couse (a) stating lying cause lost	any, which immediate g the <u>under-</u>	DUE TO, OR A (b) DUE TO, OR A (c) ONTRIBUTING TO DEATH BU	AS A CONSEQUENC AS A CONSEQUENC UT NOT RELATED TO THE TE	E OF	ITION GIVEN IN PAI					20 AUTO	PSY
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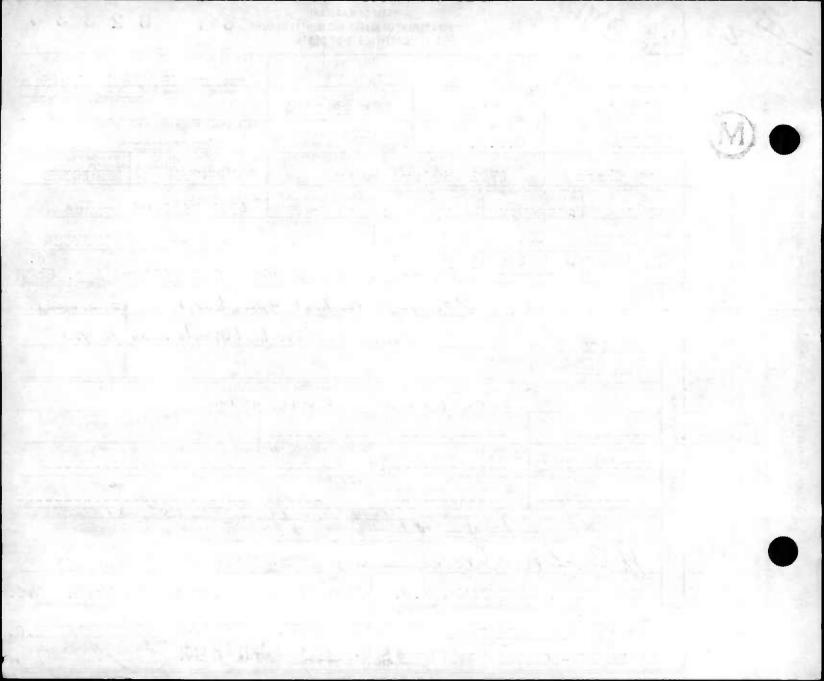
	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 0 2 2 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5								
		CEASED NAME FIRST	AIDDLE LAST			20. DATE OF DEATH MONT	H DAY YEAR	2b. HOUR		
		JACOB			_~	ENKY	January 23	1981	10:459 4	
NC#	3. SE	x Male	White		NÖV 23 1894		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS		
97	78. BIRTHPLACE (STATE OF FOREIGN RUSSIA		U.S.A.		MARRIEDXX NEVER MARRIED WIDOWED DIMORCED		BALTIMORE CITY OR COUNTY OF DEATH Montgomery MD			
00	1	evy Chase	4701 Wills		ard Avenue		178. USUAL OCCUPATION 128. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LEE) INDUSTRY MEDICINE			
35	130 S Ma			GIVE RESIDENCE BEFORE 136. CITY OR TOW ChevyCh	'N	13d. INSIDE CITY LIMITS? YES NO		ard Aver	nue	
50	DAVID			BELENKY		TAMARA	HOLMSTOCK			
t, me m	160.\	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) I IF YES, GT	CIVE WAR OR DATES)			Adele Belenky; 4701 Willard Ave., ChC				
TANT: It stem 2.1 is marked of item To snows any injury, or other trading		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. Due to, or as a consequence of Cerebral VASculareiuse 10 415. Due to, or as a consequence of Cerebral VASculareiuse 10 415.								
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) SENTIFY THE CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)								
	CERTIFICATION	190 DATE OF OPERATION	FOPERATION 196 CONDITION FOR WHICH OPERATION			N WAS PERFORMED	RMED 200 AUTOPSY? 706. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO			
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI OFFITHER, NOTIFY MEDICAL EXAMINE	HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN E	EM 18, PART 1 OR PART 2)		
	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (OF INJURY FEET, FACTORY, OFFICE, F	FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
		22a.l certify that (l) (this haspital) attended the deceased from								
		27% SIGNATURE	Tores	Scein		ATTENDING PHYSICIAN TO	MEDICAL STAFF DIRECTOR PHYSICIAN		E SIGNED 2 _ 81	
5 /		HERBERT L.	TANENI	BAUM, M.	.D.	5480 Wisco	nsin Avenue	NW, Was	sh., D.	
	23a	BURIAL, CREMATION, REMOVA	236. DATE 1-24		NAME OF C	HILL CREM.	23d LOCATION CITY OF TOWN SUITLAND	WASHING	GTON D.	

WASHINGTON D.

NERAL DIRECTOR
DANZANSKY-GOLDBERG MEM CHAP ROCKVILLE

24 FUNERAL DIRECTOR

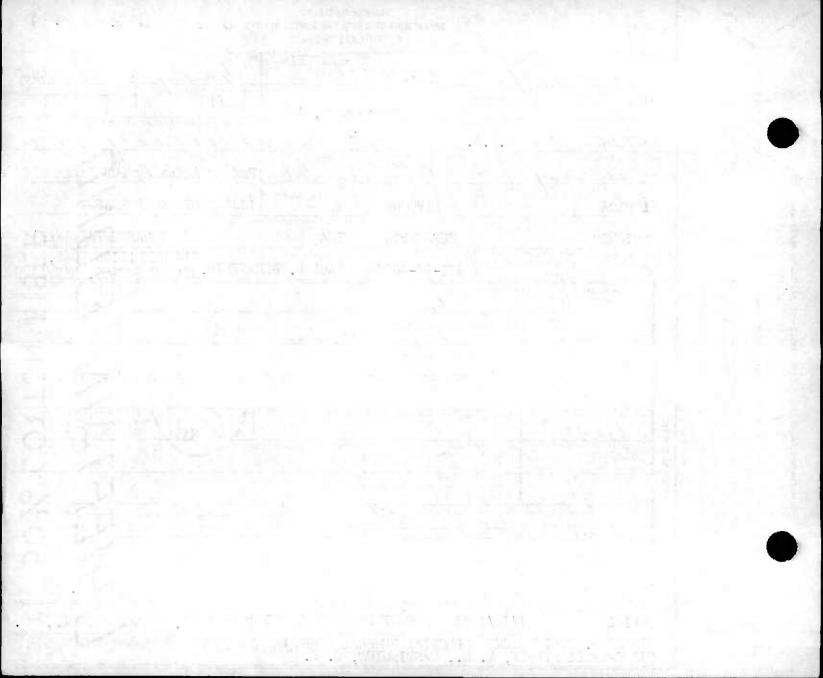
DHMH-16 25M (VRA 15, 4) 1/79



		1-	FOR STATE REGISTRAR			DEPAR	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		0	2 3	40
16	7		EASED NAME	FIRST	A	AIDDLE		AST	REG. N		DAY YEAR	26. HOUR
th S	21	(TYPE	OR PRINT)	1 ORR	, <		BOL	LiN	1	1	8 81	5 "
de:		1 SE)	(RACE			OF BIRTH	& AGE JIN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
And	1		M AL	3	u	HITE	MONTH / 2	DAY YEAR	77	YRS.	MONTHS DAYS	HOURS MIN
WHITE THE	10		RTHPLACE (STATE OR FO	REIGN 7b.	CITIZEN OF	WHAT COUNTRY	? I. MARRIE	XXNEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	1		RUSSIA	1	USA		WIDOWE	D DIVORCED			COUNTY	MD.
by the fu	70	(TY OR TOWN OF DEA		CHEV)	CHASE	NURSIN	OR OTHER INSTITUTION G HOME	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST SALESMA	OF WORKING LIF	E) INDUSTRY	F BUSINESS OR CLOTHING
filled in uld be fi	18	13e. S	L RESIDENCE (# NURS TATE FLORIDA	136 COUNTY	ER INSTITUTION,	GIVE RESIDENCE BEFO 113c. CITY OR TO HALLA	WN	134. INSIDE CITY LIMITS?	130. STREET ADDRESS 1000 N.E.		AVE.	
letely fi	0	14. FA	THER'S NAME	MIDE	DLE	LAST		15 MOTHER'S MAIDEN NA			LAS	1
comple 1 and 2	7		HARR		22	BELLIN		ALI	CE		UNKNOWN	
and co	5	16a W	VAS DECEASED EVER ES_NO OR UNKNOWN) NO	IN U.S. ARMEI		166 SOCIAL SEC			. MURRAY ABE			
, pai	5		NO			225-34	-0443	2709 VILLAGE	LANE, SILV	ER SPF		
ding physicia bon papers. or removal.			PART I. DEATH W	M (Enter only o AS CAUSED B IMMEDIATE C	Υ (/ A 11 0	aca	ment			BETWEEN	MATE INTERVAL ONSET AND DEATH
endir carbo on, or traum			1629	Sec.	DUE TO	A CONSEQU	11 1- 1.	Onni	· m 10-05	110		
the att			Canditians, if any, gave rise to imm	nediate	(b)	Punc	MOG	mic can	unima	work	1	
ed by the ease rerrial, cre			cause (a), statin underlying cause		DUE TO, OF	R AS A CONSECU	UENCEOF	tuois to	brain			
en sign Then plant or to bu		NO	PART 2 OTHER SIGN	HIFICANT COM	nditions <u>cc</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	SINAL DISEASE OR COM	IDITION GIV	EN IN PART 10	1)
te has be permit. iene pric	9	CERTIFICATION	19a DATE OF OPERA	ION	19b. CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	20e AUTOPSY?	IN CERTIF	S, WERE FINDING CAUSES	
rysician. certificat transit p ntal Hygi	9		218. ACCIDENT WAS UNE	AUSE OF DEATH		M. MONTH		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18, P	PART 1 OR PART 2)	
a political der	(-	MEDICAL	(IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURE	RED	21e PLACE	OF INJURY	19	211 LOCATION	CITY OF TO		COUNTY	STATE
After the street of the street		¥	AT WORK AT WO	RK -	(AT HOME, STR	REET, FACTORY, OFFICE	, FARM, ETC.)	SIREEI	CHYONIC	0 /	C/ /	STATE
CTOR: rr use as of Health	3		22a.1 certify that (1)	d alive an	12/25	180 19		nd that in (my) (aur) apinian	death accurred on the c	date and hau		that (1) (we) last causes stated
DIRE hed for Dept. o		1	Dave, (I) (we) (c	lid) (did nat/	ew the bady	éfter death.		DEGREE	/	-	22c. DATE	SIGNED
RAL Jetac detac rate			No	ens	2000	ww	NNZ		DIRECTOR PHYS	ICIAN 🗌	JAK	18/81
retained by the TO FUNERAL should be deta with the State	1	1	JOH	INE (TYPE OR PRI	d.	NDINO)	CHEVY CHA	SE NURSIN	940 M	IE M	d.
sho To sho		23a B	URIAL, CREMATION, PECIFY) BURIAI	REMOVAL	DATE		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
BP		24 FI	INERAL DIRECTOR			,1981		W YOUNG MEN	BALTIMO E REC'D. BY REGISTRAL	DE PECKY		RYLAND
DHMH-16 25M (VRA 15, 4) 1/7		24 10	NAME	SOL L	EVINSC WN RD	ON GABBROS BAL	S., IN TO., M	.	N 1 4 1981	ping	bry hal	heady
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	1 -	FOR STATE REGISTRAR	DEP	ARTMENT OF E	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8	02341
Fin		AAMI	AMUEL, MIDDLE LL ARGE	BERN	BERNSTEIN S/L/A	20. DATE OF DEATH APPLICATION 6. AGE (IN YEARS LAST BIR	MONTH DAY YEAR 26. HOUR MY 16/1981 540 A THERAY) LIPUNDER 1 YEAR 4F UNDER 24 HS
リ		ALE	WHITE	MONT		81	MONTHS DAYS HOURS MIN
35	Î	RTHPLACE (STATE OR FOREIGN SOUNTRY) MARYLAND	76 CITIZEN OF WHAT COUNT	WIDOWI		1 (R COUNTY OF DEATH
18	0	VER SPLING	11 NAME OF HOSPITAL, NU	DES X	OR OTHER INSTITUTION	Patent Att	on Proking life) V2b. Kind of busingss of the proking life) Industry
18	130. 5	LORIDA	113c CITY OR	SEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	1801 SOUTH	SURF ROAD
21		THER'S NAME SENJAMIN	MIDDLE BERN	ISTEIN	15. MOTHER'S MAIDEN NAM	WIDDLE	(UNASCERTATINABLE)
medical	16a V	VAS DECEASED EVER IN U.S. AF	VE WAR ORDATECT	64-6038N	17. INFORMANT SAUL H. BE	RNSTEIN, SIL	SHERMLEIGH ROAD, VER SPRING, MARYLAN
injury, ar ather traumatic ev	7 NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSI (b) DUE TO, OR AS A CONSI (c) CONDITIONS CONTRIBUTING	EQUENCE OF	Disorder	inal disease or coni	Mays /Yunths Dition Given in Part 1101
2 ans and	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
rked ar Item 18 sh	MEDICAL CER	716. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (HE EITHER NOTHY MEDICAL EXAMINE 716. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		19	21c. HOW INJURY OCCURR 21f. LOCATION STREET	ED (ENTER NATURE OF INJUR	
uT: If Item 21 is ma		22b. SIGNATUR	or) view the body ofter death.	19	DEGREE ATTENDING PHYSICIAN	, to death accurred on the do	ote and hour and from the couses stated 22c. DATE SIGNED FIAN
MPORTANT			Schulmen		74-10 0	Id George	Town Rd Bethess
2		urial, cremation, removal BURTAL	1/18/1981		EBANON CEMETE	, ,,,	PRINCE GEORGES, STAIM
0	24. Ft	DUMALUCMR STEIN 232 CARROLL STE	HEBREW MEMORI REET. N. W. WA	AL FUNE SHINGTO	RAL HOME JAN	LEGD 1989 ISTRAR	256 REGISTRAR'S SIGNATURE



10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the haspital or attending physician.

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must be notified at once

"TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbonopapers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, ar other traumatic event, the medical

executed within 24 hours ofter death. Page 4 may be

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	U	6	0

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.		
	CEASED NAME	FIRST	1	AIDDLE	0.	AST AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR 30
1	/V	ARY			BII	RCH .		1-5-	81	3PM
3. SE	x	4	RACE		5. DATE C		6 AGE (IN YEARS LAST BI	RTHDAY) IF U	HS DAYS	IF UNDER 24 HRS HOURS MIN.
	FEMALE		WHI	TE	3	10 1894	86	YRS		
	RTHPLACE (STATE OR F	OREIGN 7	CITIZEN OF	WHAT COUNT	TRY? 8	D NEVER MARRIED	BALTIMORE CITY	OR COUNTY OF	DEATH	,
	RUSSIA	100	U.	S.A.	WIDOWE	DIX DIVORCED	MIONT 90	mery	COU	MIV MD
10. C	TY OR TOWN OF DEA	TH 1	1. NAME OF I	HOSPITAL NU	TREET ADDRESS)	ROTHER INSTITUTION	12a USUAL OCCUPAT		7h KIND OF	BUSINGS OR
51	IVEY Spri	ng	ושדו	Cre	755 //	ospiral	HOUSEWIF	E	HOME	
		13b COUNT	THER INSTITUTION	130. CITY OR	TOWN	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS		2	0902
	MD	MON	NTG.	SII	SPR.	YES 🔀 NO 🗌		VERSITY	BLVD	-W
14. FA	THER'S NAME FIRST	M	IDDLE	LAST		15. MOTHER'S MAIDEN NA/	ME		LAS1	
	MORRIS		_	REIC				500	REIC	HER
	VAS DECEASED EVER	JIF YES, GIVE	WAR OR DATES)		SECURITY NO.	17. INFORMANT	ADDR	£55		
	NO	NC)	099-10) -4695	NORMAN PERL	SON 1131 UI	NIV. BLV		
	18. CAUSE OF DEATH PART I. DEATH W	H (Enter only	one couse per BY:			1 +			BETWEEN	MATE INTERVAL DISET AND DEATH
	1500	IMMEDIATE		Juspi	ictory 6	lugy				•
	1333		DUE TO, OI	R AS A CONSI		1	1 /4	D 20	DL	la . a
	Conditions, if ony, gove rise to imn		(b)	THE AS	AMASE CE	penocusina	yo aring		07	1200
	couse (a), statin underlying couse		DUE TO, OF	RASCONSE	ting a	10	,	- E	34	
	DART 2 OTHER SICA	HEICANIT CO	(c)	J. 1-	TODEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OF CO.	IDITION CRITICAL	7	
Z	PART 2 OTHER SIGN	0 .1	roscler	4	Les &	DIAKANA MELATED TO THE TERM	IN AL DISEASE OR CON	IDITION GIVEN I	N PAKI 110	
CERTIFICATION	19a DATE OF OPERAT			TION FOR WI	HICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WI	ERE FINDIN	GS USED
E							YES TO NOTE	IN CERTIFYING	G CAUSES :]	OF DEATH?
CER	210. ACCIDENT WAS UND		216. TIME O		DAY VEAD	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJ.	JRY IN ITEM 18, PART 1	OR PART 2)	
	(IF EITHER NOTIFY MEDIC		P./		DAY YEAR					
MEDICAL	21d. INJURY OCCUR		21e. PLACE			211 LOCATION	CITY OR TO	OWN	COUNTY	STATE
2	AT WORK AT WOR	RK C	TAT HOME SIK	EET, FACTORT OF	rice, PARM, ETC.)				0.7	
	220.1 certify that	(this hospita	il) ottended the	e deceased fr	om	19.49	, to DAW	6 19	8/	ho (1) we) lost
	sow the decease above, (1)(we) (a	d olive on lide (did not)	view the body	ofter death.	19	d that in my (our) opinion o	deoth occurred on the o	ote and hour and	d from the o	ouses stated
	22b. SIGNATURE	27	12 V)	- 1.		DEGREE	dienami ani		22c. DATE S	SIGNED
		Sped	1/3	tub	30	MO ATTENDING PHYSICIAN	MEDICAL STA			
	THE PHYSICIPAL'S NA	LME ITHE OR	^			22e. ADDRESS	2 4 4		-4-6	
	10BA	L	1000 EN	BFAC,	MD,	1131 UNIVERSIT	BUO. W,	SILVER	SP Fed !	, MO.
23a. E	BURIAL CREMATION,	REMOVAL	23b. DATE 1-8-8			EMETERY OR CREMATORY BANON, N.Y.	23d. LOCATION CITY OF TOWN	co	UNTY	Ŋ™.Υ.
	DOMINE		T-0-0) T	ril. LE	DAMON, N.I.				N.I.

JAN 1 2 1987

DHMH-16 30M 2/80 (VRA 15, 4) DANZANSKY-GOLDBERG MEMORIAL CHAPELS 1170 ROCKVILLE PK. ROCKVILLE. MD.

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THAT SABEL, TELESCOPPED

DHMH-16 30M 2/80 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0.5	REGISTRAR		CERT	IFICATE OF DEATH	REG. NO.		
	CEASED NAME FIRS	MIDE MIDE	DLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
(1111)	HOW.	ARD E.		BLACK	JANUARY 2 1	981	9 10 AM
3. SE	X	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
100	Male	Whit	e Mar	ch 22, 1896	84	RS. DAYS	HOURS MIN.
7a. 8	RTHPLACE (STATE OR FOREIG	76. CITIZEN OF WH	IAT COUNTRY? 8	IED NEVER MARRIED	9 BALTIMORE CITY OR COU		
	Georgia	U.S.A	WIDOV	VED DIVORCED	Montgomery	3 153	MD,
	ITY OR TOWN OF DEATH		SPITAL, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION		OF BUSINESS OR
Ch	evy Chase		tirement Cti	2.	Asst. Clerk ;		me Court
130	AL RESIDENCE (IF NURSING HO		E RESIDENCE BEFORE ADMISSION	1 13d INSIDE CITY LIMITS?	13e STREET ADDRESS		
1			Chevy Chase	YES NO	8700 Jones	Mill Road	1
14 F/	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	WE	LAS	eT .
	Earl	-	Black	FIRST	Unknown		
	VAS DECEASED EVER IN U.	S. ARMED FORCES? 16	b. SOCIAL SECURITY NO.	. 17. INFORMANT	ADDRESSA1	exandria,	, Virgini
	Yes		215-46-2712	Clayton N. C	Conger, 2000 Hu	ntington	Avenue
	18 CAUSE OF DEATH (En PART I. DEATH WAS C.	ter only one couse per line	e for (a), (b), and (c)	1 , 1	j i	APPROX BETWEEN	ONSET AND DEATH
		EDIATE CAUSE (a)	on Cestin	heart the	line		
60	4140	DUE TO, OR A	S A CONSEQUENCE OF	1-11			
	Conditions, if any, which		Culeun	scloub hea	of arsease	/	L. Hores
- 5	gove rise to immedio couse (a), stating th		S A CONSEQUENCE OF				
8	underlying cause lo		0 // CO / 102 O C			100	
	PART 2. OTHER SIGNIFICA	ANT CONDITIONS CONT	TRIBUTING TO DEATH BL	JT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1	o i
CERTIFICATION							
CAI	190 DATE OF OPERATION	19b. CONDITIO	N FOR WHICH OPERATI	ON WAS PERFORMED	200 AUTOPSY? 20b. IF	F YES, WERE FINDIN ERTIFYING CAUSES	NGS USED
TIF					YES NOW	YES [NO [
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE		NJURY MONTH DAY YEA	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	A 18, PART 1 OR PART 2)	
EDICAL	(IF EITHER NOTIFY MEDICAL EXA	OF DEATH	19				
ED	21d. INJURY OCCURRED	21e. PLACE OF	INJURY FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION	CITY OR TOWN	COUNTY	STATE
~	WHILE NOT WHILE C		The total, of the control of the con				
	22a I certify that (I) this	hospital) offended the d		19.70	10 an 2,	. 198	that (I) (we) lost
	sow the deceased officebove, (1) (we) (did) (a	ve onlid_not) view the body after	er death. 19 50	and that in (my) (qur) opinion	death accurred on the date and	hour and from the	couses stated
	27h. SIGNATURE	111	1	DEGREE		22c. DATE	SIGNED
9	10	willo		ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	1 11.	2/87
	224 BHYSTCIAN'S NAME	TYPE OR PRINT)		77e ADDRESS			1-3-11
<	Jack Kleh,	M.D.		1145 - 194 8	St. N.W. Wash.,	D.C.	
23o. E	BURIAL, CREMATION, REMO			CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
	SPECIFY Burial	1/7/81	Cedar	Hill Cemetery	Suitland,	Maryland	SIAIE
24. FI	NERAL DIRECTOR JOS	seph Gawler	s Sons, Inc	250 .D.A.T	E REC'D. BY REGISTRAR	TRAR'S SIGNAT	URE
5	130 Wisconsin	Ave. NW. W		D.C.20016 JAN	T 5 1301	- Theory	99
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Punish 3 V/ol Coins "ill pasteny sitian, hamiland dore in bander's case, inc. Filt december ve., No. decidarton, D.C. 2006

DHMH - 17 (VR A15 ME (5)) 15M 7/76

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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1		OR		0	EPARTMENT OF	HEALTH	AND MENTAL HY	GIENE	0 2	3 4 4	
4	1 - S	TATE EGISTRAR		MED	ICAL EXAMIN	IER'S	CERTIFICATE OF	DEATH REG. NO	0.		
1	Dec	EASED NAM	E FIRST		MIDDLE		LAST	20. DATE KNOWN	MONTH D	AY YEAR 26. HO	UR.
	True	DEMINIT	1.1.1	/ :	R	RI	20.6	OF ESTI-	T 1	010 2125	2
1) SEX		14. RACE	5. DATE OF BIRTH	6, AGE (IN Y	ARS IF UI	DER 1 YR. IF UNDER 2		MONTH D	AL EAR IZE HO	M DUB
H	Ma 1	100	Caucasia	MONTH DAY	YEAR LAST BIRTHE	MONT (YA	HS DAYS HOURS	MIN. PRONOUNCED DEAD	7.2.2	0 0 2	M
9	7.00	THPLACE		Met-3	16 64Y	18		_ 9 BALTIMORE CITY O	OR COUNTY C	E DEATH	M
1		BEIN COMMEN			AI COOKINI;		IED NEVER MARRIE		_/	-	
4	Mis	51551	ppi	U.S./	PITAL NURSING HOM	WIDOV		120 USUAL OCCUPATION (TYP	05 0 1 25 OF 0 12h	KIND OF BUSINESS	MD.
a	IQ CII	ORIOWN	OF DEATH		TUTY, GIVE STREET ADDRESS)	E, OR OTE	IER INSTITUTION	FOR MOST OF WORKING LIFE)	0	OR INDUSTRY	
4	- (3/m	ey	Mont	- Gen	eva	1 14000	Bus Driver	IMe	etro Syste	m
1	DSUAL De ST	ATE	RSING HOME O	R OTHER INSTITUTION, GIV	13c. CITY OR TOWN	ION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	, -	1.	
2		N	16 M	lomt	0110	PA	YES NO NO	2912 P21	mir	2 600	ne
	14. FA	THER'S NAM	ΛÉ	MIDDLE	LAST	10	15. MOTHER'S MAIDEN	NAME		LAST	
0	Ja	son		11100000	Black		Christine			Heflin	
7		AS DECEAS	ED EVER IN U.S. AR		166. SOCIAL SECURI	IY NO.	17. INFORMANT	ADDRESS	5		and the same of th
1	4.1	es	WW W		577-40-703	32	Sarah C. B	lack (Same as	13e)		
			OF DEATH (Enter on	y ane cause per line			1			APPROXIMATE INTERVA	L ATM
1	90	PARTIC	DEATH WAS CAUSED	BY:	txa Co	-	her le	Years orch	3.00	19 2	-1
		89	MMEDIA		AS A CONSEQUENCE	OF					11
	1		ans, if any, which		Es 11					191	
	0		rise to immediate a) stating the under-	DUE TO, OR	AS A CONSEQUENCE	OF				1634	-
	1	lying co	ause last.		nit.					5	
	1	PART 2 OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TER	MINAY DISEAS	SE OR CONDITION GIVEN IN PART	1 in			
	Z		01	-12416	1	n		V 1M7.			
-	E I	19a, DATE C	OF OPERATION	19b. CONDIT	ION FOR WHICH OPE	RATION V	VAS PERFORMED?		12	0. AUTOPSY?	_
2	5	1							0	YES NO	X
-	CERTIFICATION	21a. EXTERN	NAL CAUSE WAS	216. TIME OF	INJURY	71c. H	OW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)		
5		UNDERLYIN	IG TOR	HOUR A.M	MONTH DAY YEA	E	r 11	, 1			
	WEDICAL	334 940 flly	TING CAUSE OF	21e PLACE C			COUL 27	thome			-
	ME	WHILE	NOT WHILE	STREET FACT	ORY, FARM, ETC.)	per-	STREET	CITY OR TOWN	COUNTY	STA	TE ,
1		AT WORK	AT WORK	17	ome	12	miral	Zre-UIL.Up	116	nte M	19
I		22a. I cer	rtify that I taak charg	e of the remains desc	cribed abave, held an	Auta	osy , Inspection	Inquiry	nd in my apinia	n	
4		death resu	Ited fram: Natu	ral causes :	Accident & S	uicide	, Hamicide	Undetermined manner .			
	50	Same of the last		00	1		TITLE (SPECIFY)				
		ACTUAL SIGNATUR	1	a d	Vaze	1	A.D. 120 p 6	MEDICAL EXAMINER	SIGNED	12n29/9	#1
9		-	STATE TO STATE OF THE STATE OF								
350	_	TYPE OR PI	RINT) John	S. Rogers		/	ADDRESS	Silver Sprin	g, Mary	/land	
	230. BU	"ECIEY!	ATION, REMOVAL	3b. DATE	23c. NAME OF CI	METERY	OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE	
4		BUR		Feb. 2, 198	31 Parklay	in Me	morial Park	D1 -177	N	laryland	
	24, FL	NERAL DIRI	ECTOR Rober	ct A. Pump	hrey Funer	al H	omes, 250. D	D. DI KLOISIKAK TOU KLO	ISTRAR'S SIGN	ATURE	
1,13		P.A	., Bethes	da, Maryla	and		-	5 1981	MARCH	Michaely	

	4	1		
1			5	
E bear				

may be

within 24 hours after death. Page

death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar ottending physician page 3 er death

and 2 should be filed

Pages

M TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-tronsit permit. Then please remove corban papers. P with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or remaval. IMPORTANT: If Hem 21 is marked or Hem 18 shaws any injury, ar other troumatic event, the FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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						ICATE OF D			REG. N	O.				
	SED NAME	FIRST		MIDDLE	i	AST		2a DATE C	F DEATH		DAY	YEAR	26 HC	UR
(TYPE OR PR	(INT)	CHARLE	S .	ANDREW	E	BLAKE		Janu	ary 29	, 19	981		5:	15P M
. SEX			4 RACE		5. DATE C				YEARS LAST BIR		IF UN	DER I YEAR	IF UND	ER 24 HRS
	Male		Caucas	ian	Aug		1896	84		YR	MONTH	DAYS	HOURS	MIN
a. BIRTHE	PLACE (STATE O	R FOREIGN	16. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER A		9 BALTIM	ORE CITY O	****		EATH		
Vir	ginia		USA		WIDOWE		VORCED 😿	Mon	tgomer	775				MD.
0. CITY O	lver Sp		(IF NOT IN SUC	HOSPITAL, NURSIN H FACRLITY, GIVE STREET MOSS HOSP	ADDRESS)	OR OTHER INST	ITUTION	120. USUAL	OCCUPAT	IŎN		b. KIND O		NESS OR
			OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)				nanic			Aut	0	
	yland	Mon	tgomery	Silver S			NO 🗌	13e. STREE	ADDRESS Terra	pin	Road	209	206	
4. FATHE	R'S NAME FIRST	M	NDDLE	LAST		19. 1.10	FIRST	ME	MIDDLE			LAST	т	
Po	oulter		C.	Blake		Nar	nnie		C.		I	aulk		
	DECEASED EV	ER IN U.S. ARA	AED FORCES?	16b. SOCIAL SECU		17. INFORMA			ADDRI			Silve	or S	inra.
No	0.01.01.11.10.11.17	\" 123, ONE	TTAN ON DATES;	230-09-3	923	Kathy	Lizear	2802	Terra	pin	Rd.	Mc		Pr 8.
	1 6 1	6.7												
go co un PAF	anditions, if o over rise to inuse (a), stonderlying control of the control of th	immediate of the use lost	DUE TO, O (c) ONDITIONS CO	R AS A CONSEQUE R AS A CONSEQUE DITTIBUTING TO D LETTIC POR WHICH	NCE OF	may D	isease	20a AU1	OPSY?	20b. IF	YES, WE	N PART 1(d	IGS US OF DEA	ATH?
go col un PAF	ove rise to use (a), storederlying colored Col	immediate sting the use lost. IGNIFICANT CO Chorice RATION	DUE TO, O (c) ONDITIONS CO ONDITIONS CO ONDITIONS COND	ONTRIBUTING TO E	NCE OF	N WAS PERFO	MED RMED	200 AU1 YES 🗌	OPSY?	20b. IF IN CEI	YES, WE RTIFYING YES	RE FINDIN CAUSES	IGS US	ATH?
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PAF 190.	DATE OF OPE ACCIDENT WAS CONTRIBUTING EITHER NOTIFY ME	immediate thing the use lost GNIFICANT CO Chemic RATION UNDERLYING CAUSE OF DEAT DICAL EXAMINER)	DUE TO, O TCI ONDITIONS CO P. 216. PLACE	R AS A CONSEQUE COLUMN BY TION FOR WHICH FINJURY M. MONTH DA M.	DEATH BUT OPERATIO AY YEAR 19	N WAS PERFO	RMED JURY OCCURE	200 AU1 YES 🗌	OPSY?	20b. IF IN CEI	YES, WE RTIFYING YES 18, PART 1 C	RE FINDIN CAUSES	IGS US OF DEA NO	ATH?
PAF PAF PAF PAF PAF PAF PAF PAF	DATE OF OPEI ACCIDENT WAS CONTRIBUTING EITHER, NOTIFY ME INJURY OCCI LICERTITY HOTELY ME SOME HALLE SOME HAL	Immediate ating the use lost. IGNIFICANT COMMENT OF THE INTERIOR OF THE INTER	DUE TO, O TCI ONDITIONS CO ONDITIONS CO	PAS A CONSEQUE COLUMN P TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F. e deceosed from 1 29 19 8 office death.	DEATH BUT WEME OPERATIO AY YEAR 19 ARM, ETC.)	216. HOW IN. 21f. LOCATIC STREET 11 7 nd that in (my) DEGREE M. D A	INTENDING PHYSICIAN	200 AUT YES THE RED (ENTERN TO THE MEDICAL	OPSY? NO ATURE OF INJUI CITY OR TOV	20b. IF IN CEI	YES, WE RTIFYING YES 18, PART I C	RE FINDIN CAUSES OR PART 2) DUNITY from the c	IGS US OF DEA NO	STATE (we) lost
PAF PAF PAF PAF PAF PAF PAF PAF	DATE OF OPE ACCIDENT WAS CONTRIBUTING ENTIRE, NOTIFY ME INJURY OCCU HILE ODDIVE, (1) Wee SIGNATURE PHYSICIAN'S	Immediate ating the string the st	DUE TO, O TCI ONDITIONS CO ONDITIONS CO	ONTRIBUTING TO E CLULE P ITION FOR WHICH FINJURY M. MONTH DA M. OF INJURY OF INJURY e degeosed from 1 29 19 8 otter death.	DEATH BUT WEME OPERATIO AY YEAR 19 ARM, ETC.)	216. HOW IN. 216. LOCATIC STREET 11 7 nd that in (my) DEGREE 120. ADDRES:	INTENDING PHYSICIAN	ZOO AUT YES THE RED (ENTER N death accurr MEDICAL DIRECTOR	OPSY? NO ATURE OF INJUI CITY OR TOV and on the di STA	20b. IF IN CEI	YES, WE RTIFYING YES 118, PART I C	PRE FINDING CAUSES OR PART 2) DUNTY from the cause in	index us of DEA	STATE (we) lost stoted

DHMH-16 60M 1/73

(VR A 15 (4))

Burial 24. FUNERAL DIRECTOR

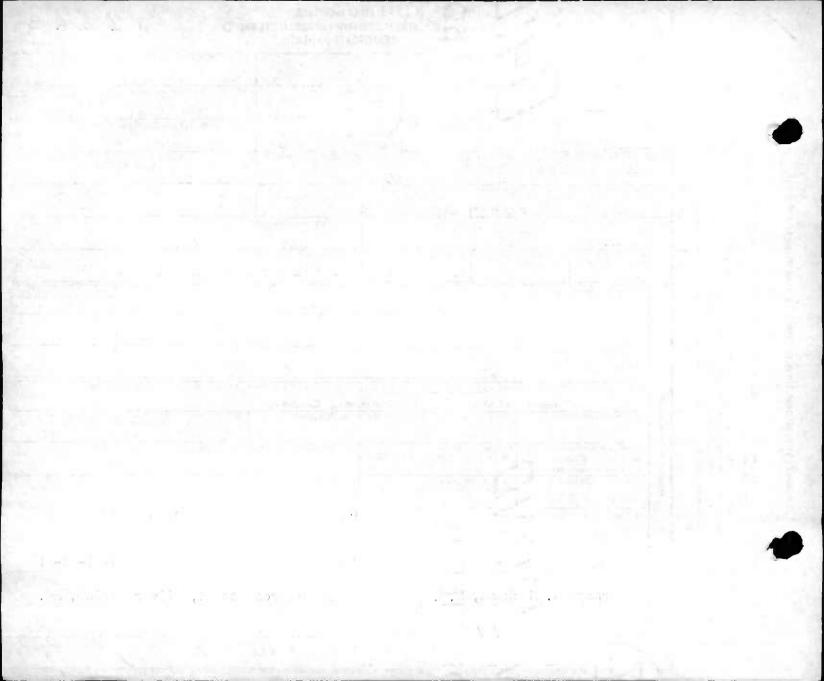
Murphy Funeral Home 1102 W. Broad St.

23d. LOCATION CITY OR TOWN

COUNTY STATE

Fairfax Memorial Park

ADDRESS Falls Church, Va. 250 CATE SECD. BY 1980 RAR 110



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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injury, or other troumatic event, the

IMPORTANT: If them 21 is marked or them 18 shows any

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1	-	STATE
		REGISTRAR

STATE OF MARYLAND

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1.	FOR STATE	DEPAR		EALTH AND MENTAL HYG	IENE 💍 i	U	20	4	,	
	REGISTRAR			ICATE OF DEATH	REG.					
1. DE	CEASED NAME FIRST	MIDDLE	Ĺ	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR		
	Jose	ph Anthony	B1a	indford, SR.	January	1,1981	1	3:30A	M	
3. SE	Х	4. RACE	5. DATE C	91 BIN1111	6. AGE (IN YEARS LAST	BIRTHDAY) IF C	UNDER LYEAR	IF UNDER 24 HRS	5	
	Male	Caucasian	Octo	ber 18,1900	80	YRS.	UNIS DATS	HOURS MIN		
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	.5 8	NEVER MARRIED	9 BALTIMORE CITY		FDEATH			
	country ashington DC	United States			Montgo	mery C	ounty		AD.	
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME C		12a USUAL OCCUPA	TION	12b. KIND OF	F BUSINESS O		
Ca	abin John	(IF NOT IN SUCH FACILITY, GIVE STREET 6513 79th P3			Custome	Servic	e PEF	CO		
USU	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)						-	
		tgomery Cabin		13d. INSIDE CITY LIMITS?	6513 79	th Pla	ce			
	aryland Mon	tegomery oabin	301111	15. MOTHER'S MAIDEN NAM			-			
	A 1 a ream do m	Hill Blandfo	ard	Ann a	M .		Cair			
16n \	Alexander WAS DECEASED EVER IN U.S.			17 BUECHRALABIT	ADD	RESS			-	
(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)		Daug	hter 6/0	00° 01de	Mill	Cour	T	
N				Myrtle B.	raikei Da	erwood,		MATE INTERVAL	=	
	PART I. DEATH WAS CAL	ranly ane cause per line for (a), (b), c JSED BY:	nd ig	1) Vailus			BETWEENO	NSET AND DEATH	-	
	11 Cal IMMED	HATE CAUSE (a)	umen	of standing	1 1		0	> Any	45	
	4760	DUE TO OR AS A CONSTO	UENTE OF	1020No V1 -11	whet.	tala	20	110	< 1	
	Conditions, if ony, which gove rise to immediate	(b) (C) (A) V/2	War 1 1	WAX II WILL	E . 00 31 N	rolls	0,0	MI-	4	
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	new Brown	xuxunang a	12-02			1	V	
		(4)								
z	PAR OTHER SIGNIFICAN	T CONDITIONS CON MAUTING TO	THATH ON	NOT BE AUDITO THE TERM	INAL DISEASE OF CO	NOTION GIVEN	PART I/a	1		
110	190. DATE OF OPERATION	V. rokh so many	A 36	N WAS PERFORMED	200 AUTOPSY? 20b. 1F YES, WERE FINDINGS USED					
MEDICAL CERTIFICATION	190. DATE OF OPERATION	HINTON TON WHICH	A DISKYND	IN MAY LENLOKWED 1	IN CERTIFYIN	TIFYING CAUSES OF DEATH?				
RTI	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	4	Tale HOW IN HUBY OCCUPE	YES NO X]	NO 🗌	-	
Ü	OR CONTRIBUTING CAUSE OF	TARREST A SA SARRATES	DAY YEAR	21c. HOW INJURY OCCURR	(ED (ENTER NATURE OF IN	JURY IN ITEM IB PART	OR PART 2)			
S	(IF EITHER NOTIFY MEDICAL EXAM		19	411 100 15101						
MED	21d INJURY OCCURRED	21s. PLACE OF INJURY LATHOME, STREET, FACTORY, OFFICE	FARM ETC.)	21E LOCATION	CITY OR	NWOT	COUNTY	STATE		
_	AT WORK AT WORK		11	JI	1	1	9			
	22a I certify that (I) (the de-	an 2 2 deceased from	Lant 1	19 100	10	19.		that (1) (me) la	st	
		nat) view the body after death.	, 01	nd that in (inc. (aur.) opinian c	death accurred on the	date and hour ar	nd from the c	ouses stated		
	22b. STONATURE	F () 100	M-	PEGREE	MEDICAL	AFE	11 DATE	HONEP!		
	V 1 HOUSE	T. AKRILLA	1,10		MEDICAL ST DIRECTOR PHYS	ICIAN 🗌		191	_	
	The state of	HOLININI VY	,	22e ADDRESS	. 73.1	79 - 1-1	1 - 1	1 2 2 2		
	George	Gray M. D.		6917 Arlin	gton Kd.	Betnes	da, Ma	arylar	1 a	
23a.	BURIAL, CREMATION REMOV	AL THE DATE JAM . THE	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		OUNTY	STATE		
	buriai	3, 1981	Gate	of Heaven		erSprin		arylar	ıd	
24 F	UNERAL DIRECTOR ROLL	BERT A. PUMPHR	EY FU	NERAL 250 DATE	E REC'D. BY REGISTRA	RITH RECESTRAL	Melle	IPD.		
,	HOMEC D V	BETHESDA MAR			3 1301	1.7	10/11/2005	/		

JAN 5

UNERAL DIRECTOR ROBERT A. PUMPHREY FUNERAL HOMES, P.A., BETHESDA, MARYLAND

DHMH-16 30M 2/80 (VRA 15, 4)

retained by the hospital or attending physician.

Avis and a second secon

MIDDLE

Item 6 g553 3/10/81 gj

- STATE

LIVEE OF PRINTS

REGISTRAR

1. DECEASED NAME

12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY OUSewife. At Home 301 Russell Avenue Brooke ADDRESS 10258 Arizona Cir George B. Bloomer.Jr.. Bethesda, Md. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [] NO I 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 CITY OR TOWN COUNTY STATE and that in (mac (our) opinion death occurred on the date and hour and from the causes stated 22c. DAJE SIGNED DIRECTOR PHYSICIAN STATE (SPECIFY) COUNTY Arlington Nath Arlington Virginia 14 FUNERAL DIRECTOR Joseph Gawler, S. Sons, Inc. 25R. DATE REC'D. BY REGISTRAR 250 B GISTRAR'S S GNA **DHMH-16 25M** 5130 Wisconsin Ave., NW, Washington, DC (VRA 15, 4) 1/79

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

28 DATE OF DEATH

Fig. 1. 1. 25 ci. 11. 25 ci. 25 ci.

urial 1/27/61 rlington c. cm. urlington, dirginia loseon sa ler's cons, inc. 513 disconsin ave., d., ashington, c

>	1.	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH CERTIFICATI	I AND MENTAL HYG E OF DEATH	REG. NO	0 2 0	4 0
		CEASED NAME FIRST LOUIS	E M J L DREI	BLOS	SER	2a DATE OF DEATH	MONTH DAY YEAR	26. HOUR 515A M
	3. SE	FEMAL	E CAUC.	5 DATE OF BIRTH	31 22	6. AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER TYEAR MONTHS DAYS YRS.	
85		RTHPLACE (STATE OR FOREIGN) COUNTRY) WEST VIRGINIA	U.S.A.	MARRIED X N	DIVORCED [9. BALTIMORE CITY OR MONTG		WE
notified	10 C	TAKOMA PARK	1. NAME OF HOSPITAL, NURS IN (IF NOT IN SUCH FACILITY, GIVE STREET WASHINGTON ADVI	ADDRESS)	SPITAL	120. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF ADM. AD.	WORKING LIFE) INDUSTRY	OF BUSINESS OR GEOGRAPH
35	13a.	AL RESIDENCE LIF NURSING HOME OR OF CATALE 13b. COUN' MARYLAND MONTG	TY 13c. CITY OR TOW	GTON YES	_	13e STREET ADDRESS 3804 DECAT	UR AVENUE	
50		CHARLES	GRIFFIN		OTHER'S MAIDEN NAI FIRST HELEN	WIDDLE	KEIF	ER
le medico		NO	AED FORCES? WAR OR DATES) 16b. SOCIAL SECU. 193–16– y one couse pouline for (a), (b), on BY:	5351 R	FORMANT ROBERT E. E	ADDRES BLOSSER, SR.	SAME AS 13	HUSBAN
njury, ar ather traumatic ev		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE (b) UPPER DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO	ENCE OF CAST	MORRHAG MORRHAG TRIE LYN			WK (0)
S ony	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS	PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES T	
Item 18 sha		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216, TIME OF INJURY HOUR A.M. MONTH D. P.M.	AY YEAR	IOW INJURY OCCUR	RED (ENTER NATURE OF INJURY		
rked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		OCATION STREET	CITY OR TOW	OUNTY COUNTY	STATE
n 21 is mo		22a.1 certify that (1) (this hospital saw the deceased alive and (did) (did not		-		, to DEC death accurred on the dat		
NT: #		THE PHYSICIAN'S NAME (TYPE OR	Srewny	DEGREE	ATTENDING PHYSICIAN DADDRESS	MEDICAL STAFF	1/1/	E SIGNED
IMPORTANT	220	JAMES A.	BROWN U		HYAT	TSUILLE M.	8 20782	
		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	1/5/81 P	ARKLAWN C		ROCKVILL		MD.
)		OO UNTY BLUD W		MARVIAN	101	REC'D. BY REGISTRAR 2	50. REPSTRAR'S SIGNA	Greaty

500 UNIV BIVD. W. SILVER SPRING, MARYLAND

STATE OF MARYLAND

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- STATE

4. FATHER'S NAME

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CERTIFICATION

MEDICAL

WHILE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTICICATE OF DEATH

0	2	J	4	7

REGISTRAR			CERTIFICATE OF DEATH	REG. NO.		
1. DECEASED NAME	FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
(TYPE OR PRINT)	-buis		BLUMENTHAL	0//1	19/8/	フ芸
3. SEX	4 RACE		5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	THUNDER I YEAR	IF UNDER 24 HR
MALE		WHITE	JUNE 10. 1895	85 YRS	MONTHS DAYS	HOURS MIN

To BIRTHPLACE ISTATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY RUSSIA

WIDOWEDK

ontoomer 120 USUAL OCCOPATION

126. KIND OF BUS MENS

MONTGOMERY MARYLAND

MIDDLE

BLUMENTHAL

13e STREET ADDRESS 2632 COLSTON DRIVE 15 MOTHER'S MAIDEN NAME GITTEL

MIDDLE CANTOR

60. WAS DECEASED EVER IN U.S. ARMED FORCES

166 SOCIAL SECURITY NO. 577-50-4507A

17 INFORMANT

GERALDINE SCHNITMAN, same as #13

BALTIMORE CITY OR COUNTY OF DEATH

CAUSE OF DEATH Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY SUDDEN DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse 110

YES

		(6)							
PART	OTHER SIGNIFICANT CO	NDITIONS CONTRIBU	TING TO DEA	TH BUT NOT	RELATED TO	THE TERMINAL I	DISEASE OR CON	DITION GI	VEN IN PART
	DE M	TAITIA	Doi	== 11111	10011	r = 1	INE		
	101-11	CN ((4	PRU	3414	HISLY	161	116		

		1 1-0-11	(11170)
DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATION	WAS PERFORMED
- 1	-14		

20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

HOUR A.M. MONTH YEAR 21e. PLACE OF INJURY

21f. LOCATION

CITY OR TOWN COUNTY STATE

AT WORK AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on share the hady attended attended to the hady a if (my) (our) opinion death occurred on the date and hour and from the causes stated

	id a la de la life de la life de la life.
226. SIGNATURE	De Sale
	11111111111
22d. PHYSICIAN'S	NAME (TYPE OR PRINT)

DEGREE 22e ADDRESS

ATTENDING PHYSICIAN

STAFF MEDICAL DIRECTOR PHYSICIAN 22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL BURTAL

23b. DATE

23c NAME OF CEMETERY OR CREMATORY BETH SHOLOM CONGREGATION

GS RAR 296. REGISTRAR'S SIGNATURE



DHMH - 16 60M 1/75 (VR A 15 (4))

Should be detoch with the State De

MPORTANT: IF

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death certificate equires that the

ned by the attending physician and campletely filled in by the funeral director, page 3 please remove carbonpapers. Pages 1 and 2 shauld be filed within 72 hours after death

potified of once.

injury, ar ather traumatic event, the medica

shauld be detached for use as the burial-transit permit. Then please remove carbangape with the State Dept. of Health and Mental Hygiene priar ta burial, cremation, ar removal.

IMPORTANT: If them 21 is marked or them 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been signed by the

STATE OF MARYLAND

- STATE REGISTRAR		DEPART		ICATE OF D			G. NO.	4		
1. DECEASED NAME F	RST	WIDDLE	1	AST		2a DATE OF DEA	H MONTH	DAY YEAR	2b. HOUR	
Cli	tus	0.	Bour	deaux		January	21, 19	981	5:14p M	
3 SEX	4 RACE		5 DATE C			6 AGE (IN YEARS LA	T BIRTHDAY)	IF UNDER I YEAR		
Male	W	nite	June		1905		75 YRS	MONTHS DAYS	HOURS MIN	
To. BIRTHPLACE STATE OR FOREK	N 76 CITIZEN O	76 CITIZEN OF WHAT COUNTRY? 8.		Y NEVERA	NEVER MARRIED 9 BALTIMORE CITY OR CO					
Miss.	Ţ	J.S.A.	WIDOWE		ORCED	Montgom	ery Con	anty	MD	
Olney		F HOSPITAL, NURSIN UCH FACILITY, GWE STREET METY GENE			ITUTION	120 USUAL OCCU (TYPE OF WORK FOR M Attor	OST OF WORKING			
Md. M	ome or other institution COUNTY	13c. CITY OR TOW Laytons	/N	13d. INSIDE C	NO 🗌	13e STREET ADDR 8510 Br	ink Rd	•		
FATHER'S NAME FIRST Clitus	Oliver	Bourdeau	, Sr.	_	MAIDEN NAM FIRST ONA	MIDE		Ell		
160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN) (IF	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)			17 INFORMA Marger		ourdeaux	Gaith	Brink Reersburg	Md.	
gave rise to immed cause (a), stating underlying cause										
190. DATE OF OPERATIO	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?		ES, WERE FINDI		
210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL EX	E OF DEATH HOUR	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c. HOW IN	JURY OCCURE	YES NO		YES	NO []	
21d. INJURY OCCURRED	RY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, E1		FARM, ETC)	21f LOCATIO	N	CITY C	RTOWN	COUNTY	STATE	
220. certify that (1) (this saw the deceased above, (1) (we) (did)		19		nd that in (my)	, 19 g l	to <u>JAN</u> death occurred on t	he date and h	our and from the	that (1) (we) last causes stated	
22b. SIGNATURE	P39a		~	-	TTENDING PHYSICIAN [MEDICAL DIRECTOR PH	STAFF LYSICIAN		21,1981	
22d. PHYSICIAN'S NAME	3	NERY		22e ADDRES	_	WE PE	ILLE D	R OLA	JEY, MO.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

DHMH - 16 50M 1/76 (VR A 15 (4))

23e. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE

Burial

Montgomery, Md.

23c NAME OF CEMETERY OR CREMATORY Jan. 24. Forest Oak Cemetery

23d. LOCATION
CITY OR TOWN

Gai thers burg

Gaithersburg, Md. 20760 Gartner Sandison F. H.

Committee of the control of the cont

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NA. Humbrenton Play bear 122m Syll or Link and littus Oliver demindent, Sr. Leans - Coliver demind Rd., 5

- 217-1 - 217 Care or Januaraux Jaicorriurs, KA.

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	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs offer death. Page	
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	I. The k	sicion.
	PHYSICIAN	etoined by the hospital or attending phy
	ENDING	ol or offe
	OR ATT	he hospit
	HOSPITAL	ned by t
	0	eto

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the funeral a shauld be detoched for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filed within 72 he with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2

1.	FOR STATE REGISTRAR Fel:	ix W. Bowen		ERTIFICATE O		GIENE O REG. NO		2 3	2 1
(TYPE	CEASED NAME E OR PRINT)	elix.	W. S. DATE OF BIRTH MONTH DAY YEAR Apr. 12, 1902			ZE. DATE OF BEATT	MONTH OA	3-81	Phour P
3. SE	x Male	4. RACE				6. AGE (IN YEARS LAST BIRTI		UNDER I YEAR	HOURS MI
	76. BIRTHPLACE (STATE OF FOREIGN COUNTRY) Barbados		w	MARRIED A NEVE	R MARRIED DIVORCED D	9 BALTIMORE CITY OF Montgomery	COUNTYO	F DEATH	
01	BETHSO	da Si	HOSPITAL, NURSING H CH FACILITY, GIVE STREET ADD	an A	ospito	120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF	WORKING LIFE)		Firm
5 13a.	STATE Md.	13b COUNTY Montgomery	institution Give residence before admission) 13c. CITY OR TOWN Bethesda		NO [13e. STREET ADDRESS 4803 James	stown	n Rd.	
C 14. F/	Ernest F.	MIDDLE	Bowen		ER'S MAIDEN NA FIRST Aude	wiDDI£		dgewood	à
	WAS DECEASED EVER YES, NO OR UNKNOWN) NO	(IF YES, GIVE WAR OR DATES)	166. SOCIAL SECURITY 109-12-406			wen Same as		# 13	
	Conditions, if any gave rise to im cause (a), statu underlying cause	mediate ng the DUETO C	Dallyole	W Toke	Pre le	la Jenie	DITION GIVEN	48 71	h
CERTIFICATION	19a DATE OF OPERA	STION 196 COND	DITION FOR WHICH OPI	ule (elces	20a AUTOPSY? YES NO	20b. IF YES, \	WERE FINDIN	GS USED
MEDICAL CEI	21a. ACCIDENT WAS UN OR CONTRIBUTING [[IF EITHER NOTIFY MED 21d. INJURY OCCUR WHILE WHILE AT WORK NOT WAT WORK	CAUSE OF DEATH HOUR A ICAL EXAMINER) RED 21e, PLACE (AT HOME, ST	OF INJURY ,M. MONTH DAY ,M. OF INJURY REET, FACTORY, OFFICE, FARM,	YEAR 19 211 LOCA		RRED (ENTER NATURE OF INJUR		COUNTY	STATE
	saw the deceos abave, (I) (we) ((this hospital) attended the dalive an did) (did not) view the body	19 5/		ny) (our) opinian	deoth acturred on the do	te and hour a	and from the	
	22b. SIGNATURE	AME (TYPE OR PRINT)	alex	DEGREE 22e. ADDI		MEDICAL STAF		22c. DATE	3/198
	Willing	on AK	11/1/	82	18 W	escorse a	-15	les	h he

23a. BURIAL, CREMATION, REMOVAL (SPECCremation

1/6/81

27c. NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory 23d LOCATION

Suitland, Md. COUNTY

STATE

24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc.
NAM5130 Wisc. Ave. N. W. WESh., D.C.

JAN 12 BY 1981

BP. DHMH-16 30M 2/80 (VRA 15, 4)

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FOR STATE REGISTRAR		DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE	8	REG.	10.	0	2	3	5
1 DECEASED NAME	FIRST	MIDDLE	LAST	20 D	ATE OF	DEATH	MONTH	D	AY	YEAR	2b HC

REGISTRAR			CERTITI	CAIL OI DEATH		REG. NO			
DECEASED NAME	FIRST	WIDDLE	LA	ST	20 DATE OF	DEATH M	ONTH DAY	YEAR	26 HOUR
I Franklin	IRENE	R.		RADY			18	81	6-P M
SEX T	4. RA	CE	5 DATE O	F BIRTH GAY YEAR	6 AGE (IN YE	ARS LAST BIRTH	AY) IF U	THS DAYS	HOURS MIN.
tema	1e (aucasian	4	14 189	6	84	YRS		
BIRTHPLACE (STATE OF	R FOREIGN 76 C	TIZEN OF WHAT COUNTRY	/? 8 MARRIED	NEVER MARRIED	BALTIMO	RE CITY OR	COUNTYO	DEATH	
Penna	4.5	U.S.A	WIDOWE			fontg	omery		MD
CITY OR TOWN OF D	EATH 11.	NAME OF HOSPITAL, NURS	ING HOME O	ROTHER INSTITUTION	12a USUAL C	CCUPATIO		12b. KIND C	OF BUSINESS OR
ilver Spri	NG Ma A	ITHEA WOODL	AND N.	H. 1000 Dalev	ew Book	Keep		_	anking
MD	136 COUNTY	INSTITUTION GIVE RESIDENCE BEF 13c CITY OR TO MCRY TO KOM	a Park	138 INSIDE CITY LIMITS?	7051	Tak	(oma	Towe	RS Apt 61
FATHER'S NAME	MIDDLE	BBA	DV	IS MOTHER'S MAIDEN !	NAME	WIDDLE	7:	han	ST 1
was deceased eve	ER IN U.S. ARMED	FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT		ADDRES	5 0	n Dei	TI A
(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR		-7305	- D	remark	Ro	ROS	Ha le	- Bethe
18 CAUSE OF DEA		cause per line for (a), (b),		0		7		APPRO) BETWEEN	ONSET AND EAST
PARI I. DEATR	MMEDIATE CA	USE (a) PRTEPLIOS	CLCROTK	CARDIOVA.	SCULAR	Pise	A59		2001
14293					1				
Conditions, if or	77	b) 6 ENER	ALIZE	d HRIERIOS	SCLERASI	a			
gove rise to it		DUE TO, OR AS A CONSEQ	UENCE OF						
underlying cau	ise last.	(c)							
		S MEWITUS	DEATH BUT!	NOT RELATED TO THE TE	RMINAL DISEASE	OR COND	ITION GIVEN	IN PART 1	0
190. DATE OF OPER		96 CONDITION FOR WHIC	'H OPERATION	WAS PERSONALD	20a AUTO	PSY?	20b. IF YES, W	FRE FINDS	NGS LISED
E TABLE OF OPEN	(ATION	THE CONDITION TOR WITH	.II OFERATION	WASTERFORMED	YES 🗆	NOM			OF DEATH?
210. ACCIDENT WAS L	INDERLYING 7	TIB. TIME OF INJURY		21c. HOW INJURY OCC				OR PART 2)	1,0 []
OR CONTRIBUTING		HOUR A.M. MONTH							
(1F EITHER, NOTIFY MED		P.M. 1e. PLACE OF INJURY	19	21f LOCATION					
WHILE IN NOT	WHILE -	AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.)	STREET	74	CITY OR TOWN		COUNTY	STATE
	WORK		m	201 22 · 8	y 1	lin	4	81	
saw the dece	ased alive an	ttended the deceased from 19 v the body after death.	C/	that in (my) (corr opinio	, 10	-	e and hour ar		that the (we) lost causes stated
226. SHOT ATURE	0	The sear and search	D	EGREE				22c. DATE	SIGNED
Deman	1 a Dita	accust 1	45	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	THYSICI	AN \square	1/8	181
Ted. PHYSICIAN'S	NAME (TYPE OF PRINT)		22a ADDDESS				-	
BERNARI	D A. F17	regeralo		20 UNIVER	sity BLUD	CAT	Silver	ESPRI	AS MEX
Ba BURIAL, CREMATION			NAME OF CE	METERY OR CREMATOR					
Entomb men		nuary 121			CITY OF	NWOT	Sprin	YTAL	STATE STATE
THE COUNT WELL		1981 G	ate of	Heaven	DI.	TAGE	SELTI	8 . 1	laryrall

DHMH - 16 60M 1/75 (VR A 15 (4))

TO HOSPITAL

OR ATTENDING PHYSICIAN: The

retained by the haspital ar attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicing should be detached for use as the burial-transit permit. Then please remove carbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal

IMPORTANT: If them 21 is morked or Item 18 shows any

injury, or other troumotic event, the

January 1981 Gate of DIRECTOR Robert Homes, P.A. Pumphrey Funeral Bethesda, Maryland 24 FUNERAL DIRECTOR A.

23d LOCATION
CHYORTOWN
Silver Spring Maryland Heaven 250. DATE REC'D. BY REGISTRAR 250 GISTRAR'S

JAN 1 4 1981

S. E. St. R. D. T. B. and a large in least THE RESERVE OF THE SECOND SECTION OF THE SECOND The state of the s

1	STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	REG. NO.	0 2 3 3				
	DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2 HOUR				
	ROSE		BRODSKY	January 31,	1981 12:0				
3 5		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24				
	Female	White	Oct 30, 1900	80 YRS	MONTHS DAYS HOURS				
70.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?		A BALTIMORE CITY OR COUN					
7/	Russia	USA	MARRIED NEVER MARRIED WIDOWED XXX DIVORCED	3.6					
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12h. KIND OF BUSINESS				
70	Chevy Chase	Bethesda N	ursing Center	Housewife	INDUSTRY				
US	UAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)						
S N	laryland Mon	tgomery Sil. S	Pg. YES NO D	1220 East	West Highwa				
100	FATHER'S NAME		15 MOTHER'S MAIDEN N	AME	WEDE HILBRING				
150	Benjamin	Pogrob	in Esther	WIDDLE	(unknown				
160	WAS DECEASED EVER IN U.S.			ADDRESS	Tullkilowi				
	(YES, NO OR UNKNOWN) (# YES, G	NE WAR OR DATES)	0131 Philip Pro	dalerr. D.O. Borr	400 CCn				
			9131 Philip Bro	ousky; r.o.box	APPROXIMATE INTERV.				
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY								
		ATE CAUSE (a) Cardio	o respiratory f	allure	Sudden				
	Conditions, if any, which (Congestive heart failure 5 Years								
	Conditions, if any, which gove rise to immediate (b) Congestive heart failure								
	cause (a), stating the	DUE TO, OR AS A CONSEQUE							
	underlying cause last.	(Hyper	tension		15 years				
į.			DEATH BUT NOT RELATED TO THE TER		GIVEN IN PART 1(a)				
<u> </u>		Generalized	cerebral arteri	osclerosis					
SERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH				
O4 E				YES NO X	YES NO				
0 8	21a. ACCIDENT WAS UNDERLYING			RRED (ENTER NATURE OF INJURY IN ITEM)	8 PART 1 OR PART 2)				
/ 3	OR CONTRIBUTING CAUSE OF C	EAIN	19						
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		COUNTY				
ž.	WHILE NOT WHILE O	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) STREET	CITY OR TOWN	COUNTY STAT				
		(IN) attended the deceased from _	June 10, 10 66	January3	1 10 81 that (1) X				
	saw the deceased alive of	Jan. 30. 19 8	81 , and that in (my) (aur) apinia	n death accurred an the date and h	, mor (i) (w				
13	above, (1) (we) (did) (did) 276 SIGNATURE	nat) view the bady after death.	DEGREE		126 DATE SIGNED				
7	Hand O	Wilnes	2 ATTENDING	_ MEDICAL _ STAFF _					
_	224 PHYSICIAN'S NAME (TYPE		PHYSICIAN 1220 ADDRESS	DIRECTOR PHYSICIAN	1-31-81				
				out Chunch N	U Waah				
		WILNER, M.D.		ert Street N.	w., wasii.,				
230	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STAT				
	Burial		Montefiore Cen	netery St. Al	bans, New Y				
8.0	FUNERAL DIRECTOR	ADDRESS R		TE REC'D. BY REGISTRAR 255 REG	STRAR'S SIGNATURE				
79	anzansky-Goldhe	ero Chapels: 1170	Rockville Pike	80 1201	1 - 1				

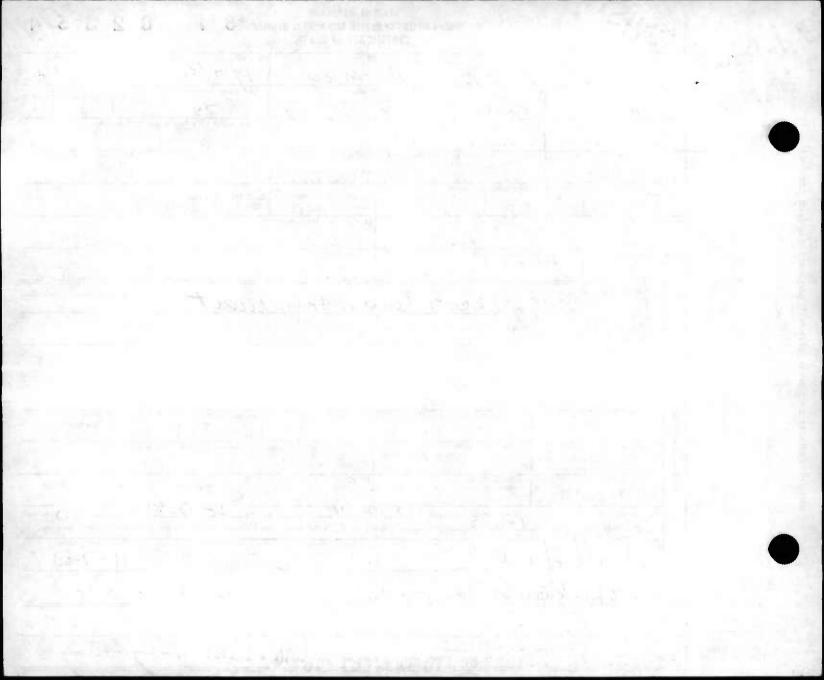
STATE OF MARYLAND

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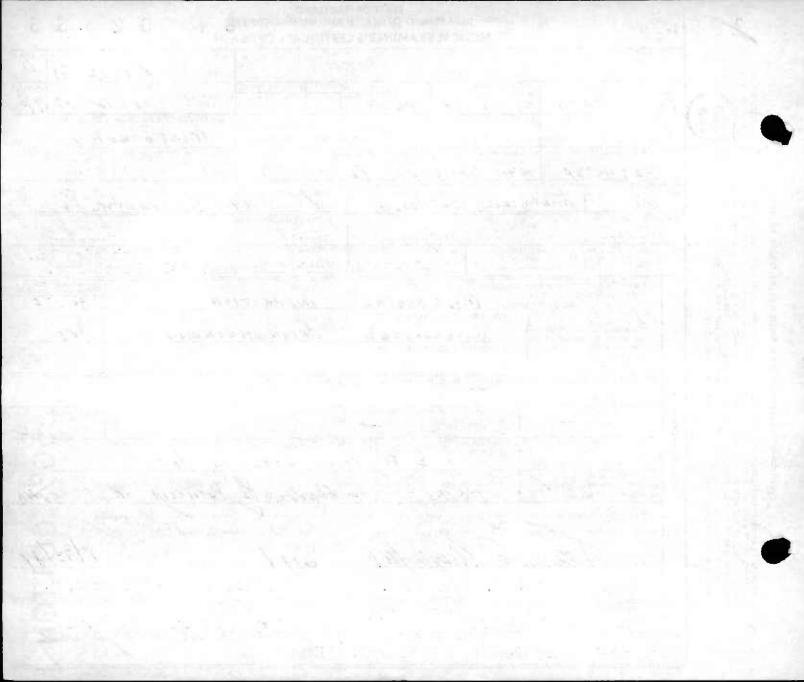
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de retained by the hospital or attending physician.

Page 4 may be

	1	FOR STATE REGISTRAR		DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		0	2 3	5 4
		I. DECEASED NAME	JOHNN XX X	HE PEAR	La	om/ey	REG. N N. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR / 3 4 M
200	nce:	3. SEX Female	4	Cauc.	5. DATE C		6 AGE (IN YEARS LAST BIR		UNDER 1 YEAR	HOURS MIN
neral direc	Hied at	70. BIRTHPLACE (STATE COUNTRY) TENNESSE		CITIZEN OF WHAT COUNTRY U.S.A.	MARRIEI WIDOWE	D NEVER MARRIED	BALTIMORE CITY C		FDEATH	MD.
by the funeral of	ou 7/	TAKOMA PAR		. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE WASHINGTON A	ET ADDRESS)		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEW	ION OF WORKING LIFE)	12h. KIND OI INDUSTRY	F BUSINESS OR
filled in	35	MARYLAND	HONTGOM		WN	134. INSIDE CITY LIMITS? YES 💢 NO 🗌		ARLOW R	OAD	
completely 1 and 2 short	25 de g	14 FATHER'S NAME FIRST JOHN	MIDE	BAILEY		15 MOTHER'S MAIDEN NAM FIRST LENA	MIDDLE		SHELT	ON
an and co	it, the me	(YES, NO OR UNKNOWN)				17 INFORMANT KAY B. MCMIL	LAN SAME	AS 13		IGHTER
en signed by the attending phen please remove carbon parts to burial, cremation, or rem	ηγ injury, or other traumatic	Canditions, if a gove rise to cause (a), stunderlying co	immediate ating the use last.		UENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART TO	13
ite has ber permit. T	s shows a	19a DATE OF OPE	RATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN	WERE FINDIN	OF DEATH?
ohysician s certifica al-transit antal Hyg	l tem 1	OR CONTRIBUTION (CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	I OR PART 2)	
After this sthe buri	markedo	(IF EITHER, NOTIFY MI 21d. INJURY OCC WHILE NO AT WORK AT	T WHILE WORK	21R PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE		211 LOCATION STREET	ентелто	vn C-	COUNTY	STATE
e hospital or a DIRECTOR ched for use a Dept. of Hea	: If Item 21 is	sow the deci	eased alive on	attended the deceased from 19.	, or	DEGREE ATTENDING	death accurred an the d	116		
retained by th TO FUNERAL should be deta	MPORTANT	1220 AHYSELANS	7	solit Silver Sy	8 N	122 ADDRESS	Marle L=		lin J.	<u>-0</u>
BP		23a BURIAL, CREMATIC (SPECIFY) BURT				EMETERY OR CREMATORY C UNITED METHO	23d LOCATION CITY OF TOWN	OTOMAC	MON	STATE MD.
DHMH-16 2 (VRA 15, 4)				J. COLLINGRESS			12 1981		Mal.	



STATE OF MARYLAND

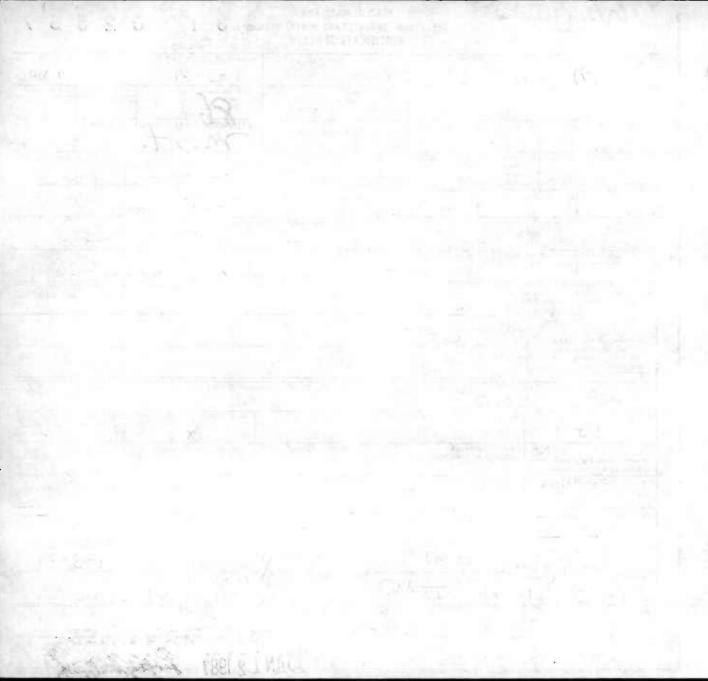


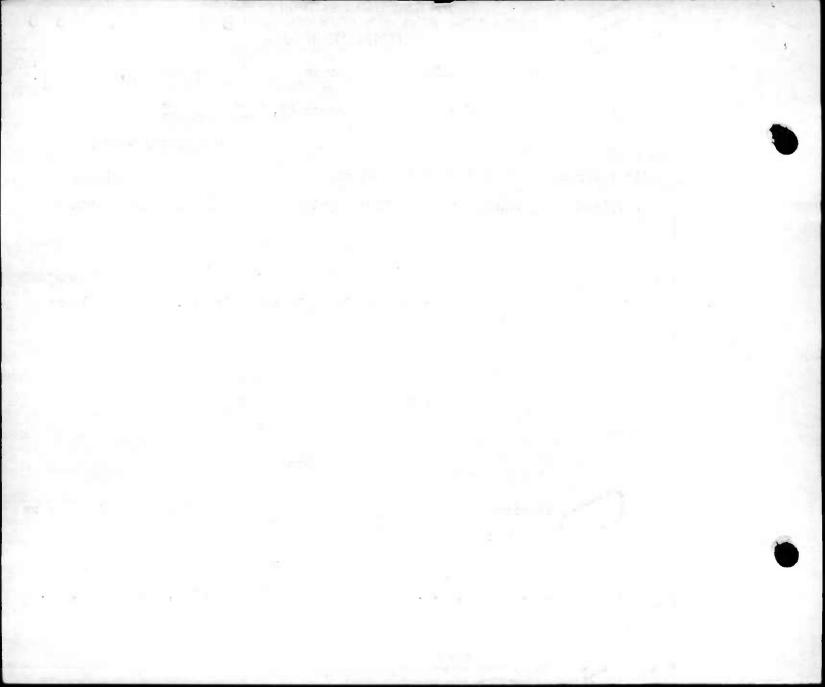
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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	LL Q	I	į
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	<mark>cal examiner:</mark> this certificate should be executed within 24 hours after death. If any delay 19. Hetessallithe certificate, writing the word "pending" in Pencil in Item 18. Give pages 1, 2, and 3 to the them of the certificate, writing the word "pending" in Pencil in Item 18. Give pages 1, 2, and 3 to the them of the certificate, we have a second or the certificate of th	should be forwarded to the chief medical examiner along with form Pm 3. Retain Page	THE RESERVE OF THE PARTY OF THE
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							ATE OF M	ARYLAND			A 1-3 170	
			FOR STATE			DEPARTMENT OF			0	1 0	2 3 3	Ó
-			REGISTRAR		MI	EDICAL EXAMI	NER'S C	ERTIFICATE O	FDEATH	REG. NO.		
	/		EASED NAME	FIRST	,	MIDDLE	1	AST		ICI CO	ONTH DAY YEAR	2b. HOUR
	www.	(146)	OR PRINT)	10	Ch.	vistine	BY	00me	OF DEATH	MATED T	~ 2440 FI	60
	ACED T	3. SEX	4. RA	CE	5. DATE OF BIRTH	H 6. AGE (IN)	EARS IF UNI	DER 1 YR. IF UNDER			NTH DAY YEAR	2d H848
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	1271	FOI	REIGN COUNTRY)		78. CITIZET OF V	*	MARRIE		ED LA		POINT OF DEATH	
	77		nada 🔌		Canad		WIDOWI			1 snt	gome	MD.
	####### A	10. CI	TY OR TOWN OF DE	EATH		DSPITAL, NURSING HOA		ER INSTITUTION	12a. USUAL OCC	UPATION (TYPE OF W	OR INDUST	TRY
	O SEE FILE	K	ensin	of tr	105	0911-	re di	4h Avr	Studen		School	1
	IF ANY DEL AND 3 TO RETAIN P SHOULD BE		L RESIDENCE (IF IN N	SING HOME	OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMIS	SION)					
201	A PEDENT	13a. S	ATE 1	13b. COUI	onte	13c CITY OR TOWN	//	YES NO [13e. STREET ADD	09 Man	171	1.1-
2120	SHO SHO SHO	34.54	/ULY	m	OPELE	rienin	g ton	15. MOTHER'S MAIDE	NI NI AME	07/oren	reduth	MUC
MD.	A PATH		THER'S NAME FIRST		MIDDLE	LAST		FIRST		MIDDLE	tast	
			Albert		G.	Broome		Charlo	tte	-	Yake	
BALTIMORE	FORM ON	16a. V	VAS DECEASED EVE		RMED FORCES?	166. SOCIAL SECUR	ITY NO.	17. INFORMANT		ADDRESS		
YE :	RS AFTI GIVE P VITH FO PAGES		No		one	219-92-8	638	Albert G.	Broome S	Same as #	13.	
8 S	7 . 2 . 0		18. CAUSE OF DEA	ATH (Enter o	nly one cause per li	ne far (a), (b), ond (c).)				*	APPROXIMA BETWEEN ONS	TE INTERVAL
T.	24 HOU ITEM 18 LONG 1 PERMIT.		PART I DEATH	WASCAUS	ED BY:	11 - La ++	1.1:	Bist	C052x	C	BETWEEN ONS	ET AND DEATH
N N	24 LON LON PER	E9	199	IMMEDIA	ATE CAUSE (O	OR AS A CONSEQUENCE	37. (6	0-0	-0128	CB mz.		
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3	A R L L		lying couse los		DUE TO, C	OR AS A CONSEQUENCE	OF	,				
301	ZZX X X X		lying coose ios	<u> </u>	(c)							
			PART 2 OTHER SIGNIFIC	ANT CONDITION	S CONTRIBUTING TO DEAT	TH DUT NOT RELATED TO THE TE	RMINAL OISEASE	OR CONDITION GIVEN IN PA	RT 1 (a).			
RECORDS,	BE ED NDING WEDING WEDING AS A ALTH AMATIC	Z	/	11.	re							
E	PENDIN FER MEDIN FED AS A HEALTH CREMATI) I	19a, DATE OF OPE			DITION FOR WHICH OPE	RATION W	AS PERFORMED?			20. AUTOPSY	12
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OF		MEDICAL CERTIFICATION	210. EXTERNAL CA	USE WAS		OF INJURY .M. MONTH DAY YE		W INJURY OCCURRE	D LENTER NATURE OF	INJURY IN ITEM 18 PART 1	OR PART 2)	
N	SEOSES.	CAL	CONTRIBUTING			.M. 19						
NOISION	TING TING TOED TOEPAR	EDIA	214 INITIDY OCCU	PPED	Z1e. PLAC	E OF INJURY (AT HOME.		ATION				07.75
À	W W W	X	WHILE AT WORK	T WHILE	STREET, FA	ACTORY, FARM, ETC.)	s'	TREET	CITY OR 1	OWN	COUNTY	STATE
	E, WR RWAR PAGI STATE	4.	AT WORK AT	WORK					7			
1500	E C O or III .	7	22a. I certify the			lescribed above, held an	Autops	y , Inspectio	n Inquir	y L, ond in r	my opinion	
	A - CS - A	-	deoth resulted fro	m: Nat	ural couses 🔀,	Accident ,	suicide	, Homicide .	Undetermined	monner .		
	CERTII CERTII ULD B DIREC			1	0	1		TITLE (SPECIFY)				
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	M GE CU		(TYNE OR PRINT)		n S. Roge					ng, Maryl	and	
71	TO MEDICAL EX EXECUTE THE CE PAGE 4 SHOULI TO FUNERAL DI AFTER DEATH, W BALTMORE, MAR	23a. B	URIAL, EMATION	REMOVAL		23c. NAME OF C			23d. LOCATION CITY OR TOWN			STATE
000	BP	Cr	emation		Jan/26/8	Cedar H	Iill C:	rematory	Suitla	nd, P.G.	Co., Mary	Land
	DHMH · 17	24. F	UNERAL DELECTE					25a. DATE	REC'D. BY REGIST	RAR 25b. REGISTRA	R'S SIGNATURE	
((VR A15 ME (5))	Ch		nemal	Home F	Riverdale, M	arvle	nd F	EB 3 19	01	7	7
	15M 7/76	OLI	Carrock D T.O.	ــــــــــــــــــــــــــــــــــــــ	Tronic 1	TACTORDER I	LULY LOW	LAVA				

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). D (TY	ECEASED NAME FIRST	100- +	AIDDLE	0	AST	26. DATE OF DEATH		AY YEAR	26. HOUR	
Ţ		DIAK	YARe!	E	Drou		1-3-8	-		7:30A	
1.	3. S	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
Office	-	Female	Black		Feb	28 1894	Xb	YRS.			
Tried at		SIRTHPLACE (STATE OR FOREIGN COUNTRY) N. C.	US A WIDOWED DIVORCED				BALAMORY CITY C	T.	OFDEATH	N	
270	10	CITY OR TOWN OF DEATH					12a. USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIFE] INDUSTRY			r BUSINESS O	
E .	US	JAL RESIDENCE (IF NURSING HOME STATE (13b) CQ	OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)		13e STREET ADDRESS	INCITOWIT	1.0		
<u>a</u> / 7		D. C.	INIT	Washin		13d. INSIDE CITY LIMITS?	600 Irvino	Strop	+ N W		
X	_	ATHER'S NAME		Wasiili	iqton	15. MOTHER'S MAIDEN NAM		priee	- L 14 • 44	•	
11		FIRST	MIDDLE	LAST		FIRST	WIDDLE		LAS Descrip		
	160	Samuel was deceased ever in u.s.,		kson	PITY NO	Mary	E.	ESS.	Park	er	
3			GIVE WAR OR DATES)	579-09-0							
		10		379-09-0	481	Mr. Roy N. Brown/husband/same as				13e PROXIMATE INTERVAL VEEN ONSET AND DEATH	
any injury, or other	No	PART 2 OTHER SIGNIFICAN	(c)	R AS A CONSEQUE CAD		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 10) T	
	18	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES,	WERE FINDIN	GS USED	
shows	/ E	None					YES NOW	YES	ING CAUSES	NO DEATH?	
2	AL CERTIFICATION	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING DEAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.	M. MONTH DA	YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PAI	RT I OR PART 2)		
marked or	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE			ZII LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
42		220 I certify that (1) (this has sow the deceased alive	on 12-2-	-80 19		nd that in (my) (my) opinion o	, to			that (1) (we) lo	
m 21 i		obove, (I)							22c DATE	SIGNED	
NT: If Item 21		276. SIGNATURE BP	tuck	TOT MI)		PHYSICIAN	DIRECTOR PHYSIC			3-81	
APORTANT: If Item 21 is		276 SIGNATURE BROWN SIGNATURE TO STAND THE PHYSICIAN'S NAME ITEM	etrich	/	NO	PHYSICIAN TO PHYSI	COLEVILLE SPINA		20910	3-81	
IMPORTANT: If Item 21 is	730	BURIAL, CREMATION, REMOV	atri ch	TIL!	UD IAME OF C	PHYSICIAN	COLENT LE	Rd MU.	V 0 1	3-81 STATE	
IMPORTANT: If Item 21 ii	?3o	DBP. 274 PHYSICIAN'S NAME ITYP	atri ch	1 IV		PHYSICIAN S 270 ADDRESS Q231	COLEVILLE SPINSION 1314 LOCATION CITY OF TOWN	Rel Mil	20910	STATE	

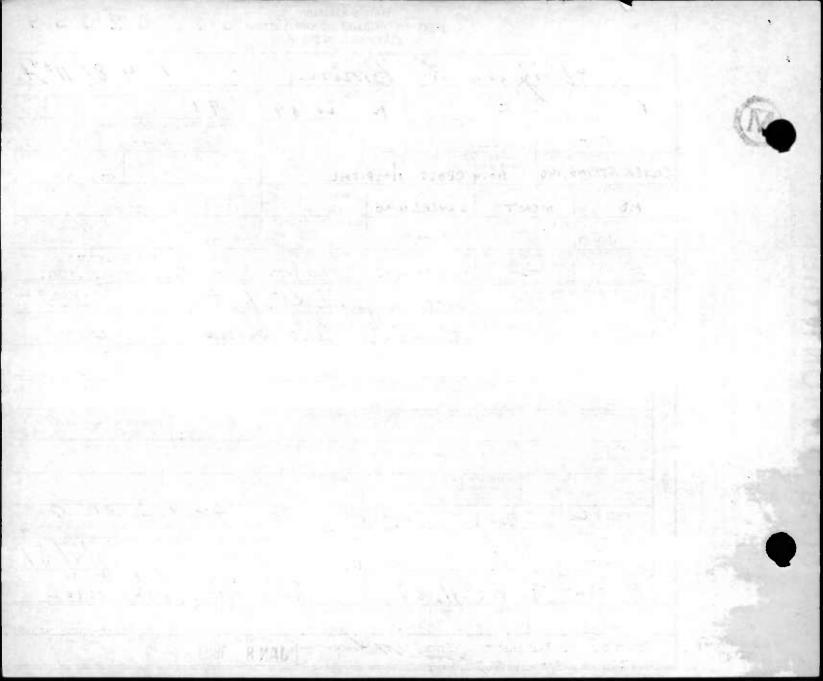




4			/
•	W.	Foneral William page 3 Whin 72 hours after death	d at gnee.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offine at the retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the familiar handle as should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hard after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Irem 21 is marked or Irem 18 shows any injury, or other traumatic event, the medical examines must be inditied at once.
	of of	5 sh	<u>\$</u>

FOR STATE REGISTRAR			DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		8	REG. N	١٠٥.	0	2	3	5	
DECEASED NAME	1/83	MODIE	0	1451	2n. D	ATE OF	DEATH	MONTH	D	W/V	TEAR	76.19	OU

	1.	FOR STATE			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL	L HYGIENE	8 1	0	2	3 :	5 9	
	I. DE	REGISTRAR CEASED NAME	Visi	ila	S.	B	CATE OF DEATH	2u. 0	REG. DATE OF DEATH		4 8	1/ /	HOUR 4	-
	3.5E	F	THAT	C		3 DATE C	DAY YEAR	9	91	YRS.	W CHADEN I	SATS NO	INDEE DE HIR	=
5	· ·	IRTHPLACE (STATE OR FORE COUNTRY) Maryland		USA		WIDOWE			Monto	omery	7		٨	ID.
8	511	ITY OR TOWN OF DEATH LVER SPRING	mb.	HOLY	CEOSS.	HOSP	TAL		USUAL OCCUPA E OF WORK FOR MOS Housew	TOF WORKING	LIFE) INDUS	nd OF BU STRY n ho	siness o	R
5	130. 9	MD	MON"		SILVELS	N	13& INSIDE CITY LIMI YES 🗽 NO 🗆	171	STREET ADDRES	s on Dr	rive,			
0	12	ATHER'S NAME FIRST John	MIDDLE		Harti	3	15. MOTHER'S MAIDE FIRST	(unkr				LAST		
		MAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMED F	OR DATES)	78-01-5		James B:	rown-	30 son- S	2 ^{ss} Dal il. S	Sprin	g, N	1d.	9
		18 CAUSE OF DEATH (I PART I. DEATH WAS	Enter only one CAUSED BY: MEDIATE CAU		ne for (o), (b), one	d(ct)	rendial	infa	retion		-	mete	AND DEATH	_
		Conditions, if any, w	hich (UE TO, OR	AS ACONHOUS	lewt	e feart	li	eles	119	14	pen	-	
		couse (0), stating underlying couse	the lost.	(c)	AS A CONSEQUE	3					-			
	CERTIFICATION	PART 2. OTHER SIGNIF					NOT RELATED TO THE		DISEASE OR CO	20b. IF YE	IVEN IN PAR	INDINGS		
1		210. ACCIDENT WAS UNDERL		Ib. TIME OF HOUR A.M	INJURY MONTH DA	Y YEAR	21c HOW INJURY O		ES NO	X Y	ES 🗌	N	0 🗍	-
	MEDICAL	(IF EITHER, NOTIFY MEDICAL) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21	P.M. e. PLACE O		19 ARM, ETC)	21f LOCATION STREET		CITY OR	TOWN	COUNT	ſΥ	STATE	
		220.1 certify that (1) th	olive on	for	19 8	7	that in (our) op	76 , onion death	occurred on the	dote and ho	, 19_ 8 (w	(we) lo	st
1	1	with.	7. K	rly		Ni	ATTENDI PHYSICI		EDICAL ST RECTOR PHYS	AFF SICIAN []	22c. C	ATP SIGN	8/	/
		MILTON	T.	Ko	CH, M.	0.	22e. ADDRESS	lol liver	A pring	M&	2. 2	090	2	
	(BURIAL, CREMATION, REA (SPECIFY) Burial	MOVAL 23b.	7-19			Heaven	s		ring			STATE N	4d
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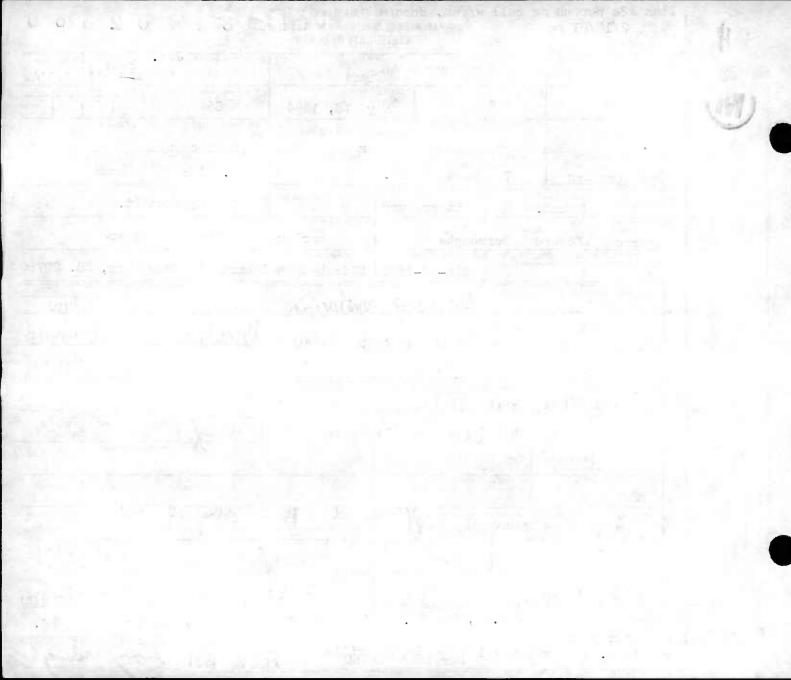


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DIVISION OF VITAL RECORDS, 201	
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TO HOSPITAL O'S ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.

Page 4 may be

leath	1. DECEASED NAME (TYPE OR PRINT)	Mary B	arbara	B	ryan	REG. NO. 2a DATE OF DEATH 498	29th 28 8	
ge.	Female	white		5. DATE O MONTH Ma		4. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAY	
Teled at	Pa. BIRTHPLACE (STATE OR FOI COUNTRY) Md.	76 CITIZEN OF USA	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	Montgomer		MD.
ust be notified	Gaithersbu:	rg (IF NOT IN SUC	Chestnut	St.	R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR H. WITE		OF BUSINESS OR
netheal examiner mi	Maryland	IG HOME OR OTHER INSTITUTION IS COUNTY Mont.	Give residence before 13a City or town Gaithers	4	152 FB 140 FB	13. STREET ADORESS Chestn	ut St.	
theal exa			roughs		is mother's maiden nam Barbara	, Ursula	Peter	LAST
t, the me	160 WAS DECEASED EVER II (YES, NO OR UNKNOWN)	N U.S. ARMED FORCES? [IF YES, GIVE WAR OR DATES]	220–18-		I) INFORMANT Elizabeth Ma	inhart Gaith		Md. 20760
n papers. removal. atic even	PART I. DEATH WA	(Enter only one couse per IS CAUSED BY MMEDIATE CAUSE (a)	line for 101, 1b; and	rap	Blutimeran		APPR BETWE	OXMATE INTERVAL EN ONSET AND DEATH
ation, or er traum	Conditions, if any,	which (1b)	R AS A CONSEQUE	NCE OF	ver Collan -	Mulalalle		6 Moutite
ial, cremat y, or other	gove rise to immo cause 101, stating underlying couse		R AS A CONSEQUE				6	Months
or to bur any injur		FICANT CONDITIONS CO	PALL LIN	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	ON GIVEN IN PART	1(0)
8 shows	190 DATE OF OPERAT 12 - 24 210. ACCIDENT WAS UNDER		TING (WAS PERFORMED	YES NOW	. IF YES, WERE FINI CERTIFYING CAUS YES	DINGS USED SES OF DEATH? NO []
or Item 1		USE OF DEATH HOUR A.	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	ED CENTER NATURE OF INJURY IN I	TEM 18, PART 1 OR PART 2	9
narked o	(IF EITHER, NOTIFY MEDICA 21d INJURY OCCURRI WHILE NOT WHI AT WORK AT WOR	LE [] (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
of Healt	sow the deceased	this hospital) attended the daily on PLAMA divided the body	10 10	1014M	d that in (my) (our) opinion of	, to, todeath occurred on ()e dote &	nd hour and from t	, that (i) (we) last the couses stated
State Dept. ANT: If Ite	22b. SIGNATURE	(Num	/	ľ	ATTENDING PHYSICIAN	MEDICAL STAFF	1	TE SIGNED
with the St.	CRECARY	ME (TYPE OR NEINT)			13 E D	EER PARK	OR. FA	THEN RURA
ž Ž	230. BURIAL, CREMATION, R	EMOVAL PAR DATE	31,198 ²³ '\$	t. Lo	METERY OF CREMATORY UIS Cemetery	23d LOCATION CHIOR TOWN Clarksvil		°Ma.



V		1		FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HY	GIENE 8	0 2	2 3	6 1
				ASED NAME	FIRST		WIOOFE	· ·	AST		MONTH DAY	YEAR	2b. HOUR
	be 3	7.5	JITPEO	R PRINT)	Hugh		L.	Bud	ckingham	-	1 20	81	430AM
	may be		SEX			RACE		5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTH		DER 1 YEAR	IF UNDER 24 HRS
	ge 4 r	7		Male	3-18	Whi	tè	6-	25 189	5 85	YRS.	15 OAYS	HOURS MIN
	Pog Pog.	7		HPLACE (STATE OR FO	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O	COUNTY OF	HTA	TI/SEARIO
	nero n 72	- //		hington	, DC	USA	A	WIDOWE			omerv		MD
	oy the fu		O. CIT	ver Spr	ATH 1	1. NAME OF	HOSPITAL, NURSIN	PISAC	OR OTHER INSTITUTION	120 USUAL OCCUPATK	ON 12		st, Co
MARYLAND 2120	filled in I ould be f	5	JSUAL 130. ST lar	RESIDENCE (IF NURS	ling HOME OR OT 113b. COUNTY 10ntg	THER INSTITUTION Y OMERY	Sil. Sp	ring	13d. INSIDE CITY LIMITS? YES MO	9407 Hal	e Plac	Э,	
RYL	ately 2 sh	1		HER'S NAME	MIC	DDLE _	- AAST -		15. MOTHER'S MAIDEN N	AME		LASI	
MA	and and	54		William	A112	F	Buckingh	am	Émma			Pope	
BALTIMORE,	e execut n and ca Pages 1	1		AS DECEASED EVER S, NO OR UNKNOWN) Yes	IN U.S. ARMI		78-07-1		Margaret (w	ife) ADDRE M. Bucking		ame a	as 13e)
ALTI	sicion pers.	1		8 CAUSE OF DEAT	H (Enter only	one couse per	r line for (a), (b), an	d (c).)	1 7		Α. [APPROXIVEEN C	MATE INTERVAL
PRESTON ST., I	he death certific ne ottending phy emave corban po motion, ar rema r troumatic even			Conditions, if ony gove rise to imm	, which	DUE TO, O	g wer		ged are	2riose Ogra	Sez	10	zers
3	by the			underlying couse		DUE 10, O	R AS A CONSEQUE	NCE OF			Service of		
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S	been mit. I		CERTIFICATION	9a. DATE OF OPERA	TION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE		
I R	hos per per ene per	2	Ĕ							YES NO NO	IN CERTIFYING	CAUSES	NO []
DIVISION OF VITAL RECORDS,	SICIAN: TI ng physicic certificate priol-transit entol Hygi- ttem 18 sho	9		OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH			AY YEAR	21¢ HOW INJURY OCCU	IRRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1	OR PART 2)	
NOISION	DING PHYS or attendin After this c e as the bur alth and Me		MEDICAL	WHILE NOT WAT WORK TWORK	RED THILE D		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N C	OUNTY	STATE
	spital or Spital or CTOR: A I far use of of Health			20.1 certify that (1) sow the decease above, (1) (1)	ed ofive on_	/.	-/8 19	8/_, or	nd that in (my) (opinio	n death occurred on the da	-20, 19_ te and hour and	from the	that (1) lost
	ral OR y the ho gard blacked detached of Dept.			The Golden	ngs	laco	t			MEDICAL STAF	F	22c. DATE	20-8/
**	d by	1		2d. PHYSICIAN'S N.	AME (WINE OR P	PRINT)			22e. ADDRESS				195
103	TO HOSPIT, retoined by TO FUNER should be d with the Sto			G. Se	engsta	ack, M	1D		9241 Colu	mbia Blvd.	S.S.	Md.	
2	2 m 2 m 3 ₹-		230. BL	RIAL, CREMATION,	REMOVAL	23b. DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			

BP

DHMH - 16 50M 7/77

(VR A 15 (4))

22d. PHYSICIAN'S NAME (POPE OR PRINT) 22e. ADDRESS 9241 Columbia Blvd., G. Sengstack, MD 23d. LOCATION CITY OR TOWN 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Washington, D.C. Burial Warner E. Pumphrey, 8434 Ga. Ave., S.S. In CADDRESS Md

STATE OF MARYLAND

TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours after death. Page 4 retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the

medical examiner must be notified at once.

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1		FOR			DEDADT		E OF MARYLAND HEALTH AND MENTA	AL BYCIEN	r & 1	0	0 -	2 6	13
	1 -	STATE REGISTRAR			DEFAKI		FICATE OF DEATH		REG. N	0	4	, 0	la
		CEASED NAME	FIRST	h	MIDDLE		LAST	20	DATE OF DEATH	MONTH DA	Y YEAR	2b. HOU	R
	TIPE	OK PRINT)	Denni	s	Reardon		Buckler	7	January	2. 19	81	13	2 M
3	SEX		1	RACE		5. DATE	OF BIRTH		AGE (IN YEARS LAST BIR	THDAY)	ONTHS DAYS	IF UNDER :	24 HRS
L		Male	17.19	Caucas	sian	Mar	ch 24, 194	4°5	35	YRS.	DATS.	HOURS	M IN.
1	C	RTHPLACE (STATE O COUNTRY) Shington			WHAT COUNTRY?		ED NEVER MARRIE		BALTIMORE CITY C	COUNTY C	OF DEATH	Co	MD.
0). Ci	ry or town of Di Be theso	ATH I	Subu	H FACILITY, GIVE STREET	HOS	PITA 1	ON 12	USUAL OCCUPATOR OF WORK FOR MOST OF WORK FOR MOST OF THE CIPA	F WORKING LIFE)	12b. KIND C INDUSTRY Educa	F BUSINE	SSOR
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14	. FA	THER'S NAME	M	IDDLE	LAST		15. MOTHER'S MAID	EN NAME	WIDDLE		LAS	S.T	
7		Robert		M.	Buck	ler	Murie	e 1			Count		
10		VAS DECEASED EVE (ES, NO OR UNKNOWN)		NED FORCES? WAR OR DATES)	577-58		17. INFORMANT	M. R	uckler,		as 13	2	
	NO	Conditions, if on gove rise to in couse (a), stot underlying cou	nmediate ing the se last.	(c)	R AS A CONSEQU		I NOT RELATED TO TH	E TERMINA	al disease or con	DITION GIVER	N IN PART 10	01	
5	CERTIFICATION	190. DATE OF OPER	ATION	196 CONDI	TION FOR WHICH	OPERATIO	ON WAS PERFORMED		200 AUTOPSY?		WERE FINDI		H?
		210, ACCIDENT WAS U OR CONTRIBUTING (IF EITHER NOTIFY ME	CAUSE OF DEAT	21b. TIME O HOUR A./	M. MONTH D	AY YEAR	21¢. HOW INJURY C		(ENTER NATURE OF INJU			NO Z	
	MEDICAL	21d. INJURY OCCU	RRED	21e. PLACE (OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	21f LOCATION STREET		CITY OR TO	WN	COUNTY	ST	ATE
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2		SURIAL, CREMATION SPECIFY) Buri	, REMOVAL	23b. DAEn 1	uary 23c.	NAME OF	CEMETERY OR CREMA		23d LOCATION CITY OR TOWN Washing		COUNTY C.		ATE

tery | Washingto D. C.
250 DATE REC'D. BY REGISTRAN 256. BY STRANS SUSNATURE

JAN 12 1981

DHMH-16 30M 2/80 (VRA 15, 4)

14 FUNERAL DIRECTOR ROBERT A. HOMES, P. A., Beth

P. A., Bethesda, Maryland

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STATE OF MARYLAND



nding physician and campletely filled in by the funeral di carbanpapers. Pages 1 and 2 shauld be filed within 72 ha

the attending

injury, or other traumatic

1.	FOR STATE REGISTRAR			DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	GIENE 3	0	2 3	6 4
	CEASED NAME CORPRINT Lav	FIRST 1ra		MIDDLE	BURI	DEN .	January		1981	2b HOUR 12:54А
3. SE	x Female	4. F	Cauc	asian	5. DATE C MONTH Jar		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	HOURS MIN.
	RTHPLACE (STATE OR FO COUNTRY) Maryland		USA	WHAT COUNTRY?	WIDOWE		9 BALTIMORE CITY O Montgomen	ry	OF DEATH	MD
Bet	ity or town of deat hesda	N	ationa	HEACILITY, GIVE STREET A	ledica	al Center	12d. USUAL OCCUPATI (TYPE OF WORK FOR MOST O	ON F WORKING LIFE	12h KIND C INDUSTRY	OF BUSINESS OR
13a. S	AL RESIDENCE (IF NURSIN STATE Virginia ATMER'S NAME FIRST	Arlin	gton	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Arlington LAST	٧ .	13d. INSIDE CITY LIMITS? YES X NO 15. MOTHER'S MAIDEN NA FIRST	130 STREET ADDRESS 1121 Arling ME MIDDLE	gton B	LAS	51
	Robert NAS DECEASED EVER IN YES. NO OR UNKNOWN) N/A	Talm. N U.S. ARMED (IF YES, GIVE WA	FORCES?	Burden 166. SOCIAL SECUI N/A		Sharon 17. INFORMANT Sharon M. Bi	Marie ADDRE urden See	item	Biver	1
	Conditions, if ony, gove rise to imme couse (a), stoting underlying couse	S CAUSED B'	Y: AUSE (0) DUE TO, OI (b)	Ine for (b), (b), and Extreme R AS A CONSEQUE	prema	nturity	etus		BETWEEN	IMATE INTERVAL OMSET AND DEATH
CERTIFICATION	PART 2. ÖTHER SIGNI 19a, DATE OF ÖPERATI					NOT RELATED TO THE TERM	20g. AUTOPSY? YES X NO	20b. IF YES, IN CERTIFY	WERE FINDING CAUSES	NGS USED
MEDICAL CER	21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURRE WHILE NOT WHIL AT WORK WORK	LUSE OF DEATH	P. 21e. PLACE	m. month da m.	19	216 HOW INJURY OCCUR 216 LOCATION STREET	CITY OR TO		COUNTY	STATE
	22a. I certify that (I) (' sow the deceased obove, (II (we) (did 22b. SIGNATURE 22d. PHYSICIAN'S NAM	olive and	Jan.	4 6	, 01	nd that in (py (our) opinion DEGREE ATTENDING PHYSICIAN [122e ADDRESS	_ MEDICAL STAF	FF	ond from the	
	III. PHI SICIAIN SINAP		NADTNO	M.D.		Notional No	wal Madical	Conto	r Rot1	heeda Md

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cr IMPORTANT: If Item 21 is morked or Item 18 23a. BURIAL, CREMATION, REMOVAL

23b. DATE

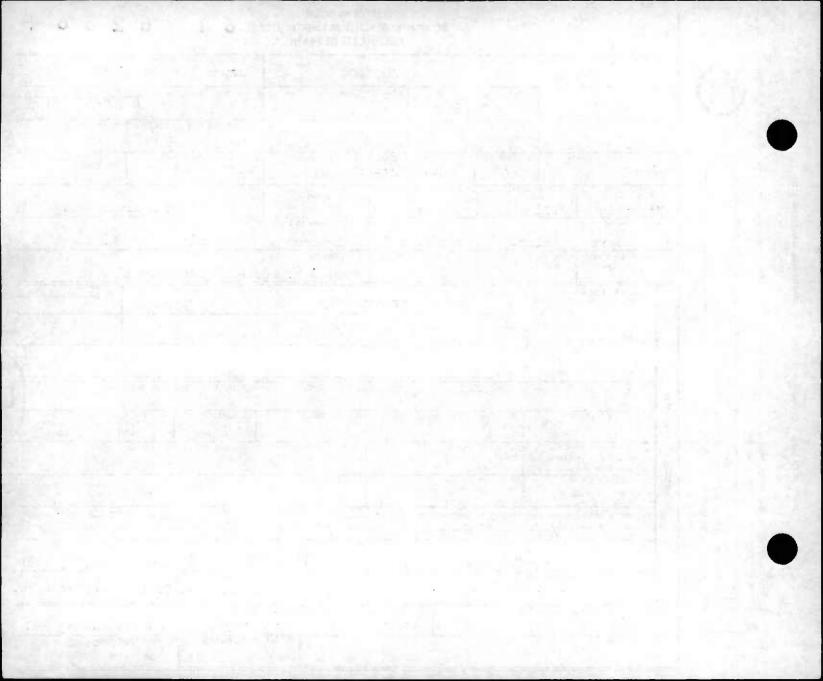
National Naval Medical Center, Bethesda, Md.

Cremation 24. FUNERAL DIRECTOR

DHMH-16 30M 2/80 (VRA 15, 4)

ADDRESS

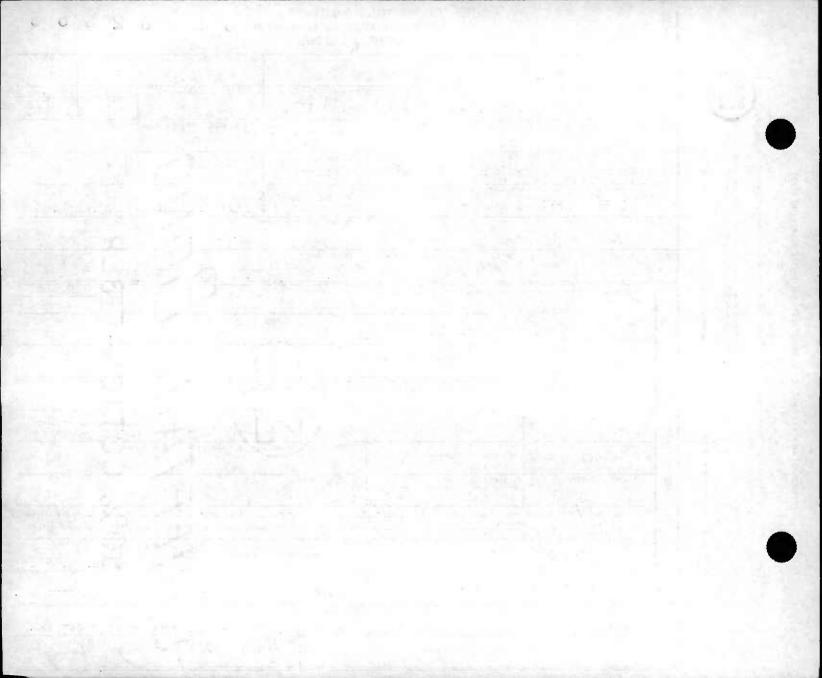
Pational Naval Med. Center of Bethesda Montgomery Md.



-		CEASED NAME E OR PRINT)	Rachae		IDDJE	BURDE	N.	20 DATE OF DEATH January	MONTH 3	OAY YEAR 3 1981	3:38A M
	3. SE	x Female	4. RAC	e aucas	ian	5. DATE C	uary 2 1981	6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN. 3 07
35	Ma	IRTHPLACE (STATE OR FOR COUNTRY) aryland	U	SA	HAT COUNTRY?	WIDOWE		9 BALTIMORE CITY OF Montgomery	R COUNT	TY OF DEATH	MD.
Emust be parified at on	В	ITY OR TOWN OF DEATH ethesda	Na	tiona	1 Nava1	Medic	al Center	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF N/A		126 KIND C INDUSTRY	F BUSINESS OR
niner must be	13a. :		other in the state of the state	on	ave residence before 13c. CITY OR TOW Arlingto	admission) N n	13d INSIDE CITY LIMITS? YES ** NO	13e STREET ADDRESS 1121 Arlin	ngtor	Blvd.	Apt. T60
901		Robert		nadge			15. MOTHER'S MAIDEN NA FIRST Sharon	Marie		Biven	ıī
3 medico		NAS DECEASED EVER IN YES, NO OR UNKNOWN) { N/A	U.S. ARMED FO		N/A	RITY NO.	Mrs. Sharon	M. Burden			
eose remove corporative.		Conditions, if ony, w gave rise to immed couse (0), stating	CAUSEÓ BY: MEDIATE CAU phich diote	SE (0) E UE TO, OR	xtreme p AS A CONSEQUE Non-viab AS A CONSEQUE	remat: le fe				BEIWEEN	IMATE INTERVAL ONSET AND DEATH
injury, o	NOI	PART 2. OTHER SIGNIF	ICANT CONDI	TIONS <u>CO</u>	NTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR COND	ITION G	IVEN IN PART 10	0.1
rene prio	CERTIFICATION	19a. DATE OF OPERATIO	DN 19	b. CONDIT	ION FOR WHICH	OPERATION	N WAS PERFORMED	20a. AUTOPSY? YES NO	IN CERT	ES, WERE FINDIN IFYING CAUSES (ES 🌠	
rial-trans ental Hyg tem 18 sk		210. ACCIDENT WAS UNDERLO OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL	SE OF DEATH	b. TIME OF HOUR A.A P.A	MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART 1 OR PART 2)	
h and Marked or I	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	1.A	e, PLACE C THOME STRE	F INJURY ET, FACTORY OFFICE, F	ARM, ETC.)	211. LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
af Heolf		220.1 certify that (I/(the saw the deceased above, (I/(we) (did	CHIVE DIV	and the second	14	Jan.	2 , 19.81 ad that in (1/4/ (our) opinion	, to3 depth occurred on the do	te and ho	19 <u>81</u> , our ond from the	that (* (we) lost causes stated
Dept.		22b. SIGNATURE	17/	1.	Mn	C	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF		22c. DATE	6,1981

ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES [X 8 PART 1 OR PART 2) COUNTY STATE 19_81 our and from the causes stated 22c. DATE SIGNED Jan. 6,1981 J. H Nading, M.D. should be with the St 22e. ADDRESS National Naval Medical Center, Bethesda, Md. 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23d. LOCATION Center Bethesda Montgomery Md. BP. Cremation
24 FUNERAL DIRECTOR National Naval Med. 256. REGISTRAR'S SIGNATURE ADDRESS

STATE OF MARYLAND



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and compiletely filled in by the should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages I and 2 thould be filled with with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. requires that the death certificate be executed TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

ng in partition of gra

IMPORTANT: If Item 21 is marked at Item 18 shows ony injury, at other troumatic event, the medicular

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEI REGISTRAR CERTIFICATE OF DEATH

STATE OF MARYLAND	100	4	15	43	3	6	6
EPARTMENT OF HEALTH AND MENTAL HYGIENE	O		U	la	0	0	Q
CERTIFICATE OF DEATH		DEC NO					

	REGISTRAR				RE	G. NO.		
	ECEASED NAME FIRST	MIDDLI		AST	20 DATE OF DEA	ATH MONTH	DAY YEAR	2b. HOUR
	Mil	lie M	. Bur	dette	January	29, 198	81	4:50p м
3. SE	X	4. RACE	S DATE (6 AGE (IN YEARS L	AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	Female	White	Au	g. 10,1892	8	8 YRS.	MONTHS DAYS	HOURS MIN
	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE C	ITY OR COUNT	Y OF DEATH	
	Maryland	USA	WIDOWI		Montgo	mery Co	unty	MD
	ITY OR TOWN OF DEATH		TAL, NURSING HOME	OR OTHER INSTITUTION		UPATION	12b. KIND (OF BUSINESS OR
01	ney	Montgome	ry General I	Tospital	House	ewife	IFE) HNDUSTRT	
USU 13a	JAL RESIDENCE (IF NURSING HO.	ME OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIMIT	S? 13e STREET ADD!	DESS		
	100.0		ithersburg	YES NO K	2340	9 Woodfi	ield Rd.	
	ATHER'S NAME	WIDDLE	1107	15 MOTHER'S MAIDEN		0.15		
1	Samuel	V. Bro	padhurst	Card	oline MIE	D.	Watkins	3
160	WAS DECEASED EVER IN U.S	ARMED FORCES? 16b	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	No No	2	15-46-4916	Laura B.	Summer,	Item 13		
	18. CAUSE OF DEATH (Ent.	er only one couse per line	for ioi, (b), and ic:				APPRO) BETWEEN	CIMATE INTERVAL ONSET AND DEATH
	DADT I DEATH MALAS CA	NUSED BY:		al Fai	lune		7	don
	11 A 1/1				7.47.5			
	7071		A CONSEQUENCE OF		Failure			
	Conditions, if ony, whice		of festive	Heart	Tallure	<u></u>		
1	couse (o), stoting th		A CONSEQUENCE OF					
	underlying couse los		orte So	tecrosis				
	PART 2 OTHER SIGNIFICA	NT CONDITIONS CONTE	RIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE OR	CONDITION GI	VEN IN PART 1	101
NO O								
1 8	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY		S, WERE FIND	
Ĕ					YES NO	_	IFYING CAUSES	NO
CERTIFICATION	210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OC	CURRED (ENTER NATURE C		PART 1 OR PART 2)	
	OR CONTRIBUTING CAUSE C	PEAIN	MONTH DAY YEAR					
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM	21e PLACE OF IN	19 NIURY	21f. LOCATION				
A.	WHILE NOT WHILE	(AT HOME, STREET, F	ACTORY, OFFICE, FARM, ETC.)	STREET	CITY	OR TOWN	COUNTY	STATE
1	22a.1 certify that (1) (this h	·		22 19.0	01 . /	129	10 10/	
	sow the deceased aliv		2. /	, 17	nion death occurred on	the date and ha	ur and from the	that (1) (we) lost
	obove, (I) (we) (did) (did) (did) (did)	d not view the body ofter	deoth.					
	220. SIGNATURE	1 1		DEGREE ATTENDIN	NG MEDICAL	STAFF	1/2	SIGNED
	11/10	1300		PHYSICIA	N DIRECTOR P	HYSICIAN [
	22d. PHYSICIAN'S NAME (T			121e ADDRESS	old peort	2. Fown	Rd 9	# 30-5
	ALBERT	K07527	AIN, M.A.	Bethere	le Ma	200	14	1
23a.	BURIAL, CREMATION, REMO			EMETERY OR CREMATO	DRY 23d LOCATION	7 2	COUNTY	STATE
	(SPECIFY) Burial	Feb. 1, 19	981 Wesley	Grove	Woodfie	eld Mor		
	UNERAL DIRECTOR			230		TRAR 756. REGIS		
	Molin L. Mo	lesworth, P. A	Damascus	, Md	# m			/

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For the track Date

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יידבן בו ניסופיינדלון.ו.ו. יובים ודן ביני

PHYSICIAN: The low requires that the death certificate be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Suitland.

U	4	U	U

90	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.		
	1. DECEASED NAME	FIRST	MIDI	DLE	L	A5T	20 DATE OF DEATH		DAY YEAR	2h HOUR
学	(TYPE OR PRINT)	Marg	aret	L.]	Burgston	JAN	15.	1981	2.01 A
1	3. SEX		4 RACE		S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST	SIRTHDAY)	IF UNDER 1 YEAR	
1	Female	150	Whit	e	Jan	14 1903	78	YRS	MONTHS DAYS	HOURS MIN
	To. BIRTHPLACE (STA		76 CITIZEN OF WH		8.		9. BALTIMORE CITY		TY OF DEATH	
17	Wash., D	C	USA		WIDOWE	D NEVER MARRIED DIVORCED X	Montgo	merv	E4656	
-	10 CITY OR TOWN O					OR OTHER INSTITUTION	120 USUAL OCCUPA	TION	126. KIND	OF BUSINESS O
16	Bethesd		Carriag		Nur	sing Home	Ret. C			Dept.
17	USUAL RESIDENCE (1	F NURSING HOME OR	VTY 13	CITY OR TOWN	V	13d. INSIDE CITY LIMITS?	13e. STREET ADDRES		Dood	
17	D. C.			Washing	g COII	YES NO NO NA	2008 Hay	<u>/den</u>	Road	
01	Frank	T		Mille		Isabell	e MIDDLE		unson	AST
3	(YES, NO OR UNKNOW		E WAR OR DATES	6. SOCIAL SECUE 79-03-3		David A. D	outh River, Co	er Te		Edge-
70	18 CAUSE OF	DEATH (Enter or	nly one couse per lin	e for (a), (b), onc	(c).)				APPRO BETWEEN	XIMATE INTERVAL
480	PART I. DEA	TH WAS CAUSE	D BY: TE CAUSE (0)	Photos .		ONITIS			3	
	183	/)		S.A. CONSTOUE	NCE OF			- 1		-
6.5	Conditions, if	ony, which	- ()	SACONSEQUE		METASTA	IES		6	MONT
	gove rise to couse (a), underlying	immediate stating the		S A CONSEQUE		CARCINOMA		37	8	MONT
	PART 2 OTHER	SIGNIFICANIT	107			NOT RELATED TO THE TERM	DO CO STATE OF CO.	NDITION C	D/ENLINI DADT 3	1-1
		SIGINII ICAIN) (-014D1110143 <u>CO14</u>	INIBOTING IQU	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CC	NDII ION G	IVEN IN PART T	(0)
-	AND TANK THE OF O	PERATION	19b. CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFORMED	70a AUTOPSY?	20b. IF Y	ES, WERE FIND	INGS USED
2	DI-	-					YES TI NOW	IN CERT	IFYING CAUSE	
0	71g. ACCIDENT W.	AS UNDERLYING	7 21b. TIME OF II	NJURY		21c. HOW INJURY OCCURE	- 45			NO [
9	OR CONTRACTOR	CAUSE OF DEA	HOUR A.M.		Y YEAR		TENTER INVIORE OF I	JOK! II II III II	, , , , , , , , , , , , , , , , , , , ,	
	(IF EITHER NOTIF	CLIPPED	P.M. 21e. PLACE OF	IN ILIPY	19	211. LOCATION				
	AALLIEE IS	OT WHILE		FACTORY, OFFICE, FA	ARM, ETC.)	STREET	CITY OR	TOWN	COUNTY	STATE
	220.1 certify th	ot (1) (this hospi	Tal) attended the d	1	144	ust 19 / >	10 JAM	15	, 19	, that (I) (we) la
	sow the de	eceosed olive on	t) view the body of	er death	, or	nd that in (my) (our) opinion	death accurred on the	date and he	our and from the	e couses stated
,	22b. SIGNATUR		IT THE WAY OF THE	er dedir.		DEGREE			22c. DAT	E SIGNED
85		1171	ana	1	he	ATTENDING PHYSICIAN F	MEDICAL ST	AFF	1/	15/8
1	22d. PHYSICIAN	SNAME (TYPE C	OR PRINT)			27e. ADDRESS	J DINECTON EL TITLE	, icirxi [_]	/	,
	Der	MIST.	HAND	mo		4600 COKN	ECTICAT	ME	Nhi	WHA D
-	230. BURIAL, CREMAT				AME OF C	EMETERY OR CREMATORY	23d LOCATION			
	(SPECIFY) Burial						CITY OR TOWN	a - D	COUNTY	STATE
			1-19-8	ı Ce	uar	Hill Cem.	Suitlan			
	24. FUNERAL DIRECTO	Robt E	Wilhel	m ADDRESS4	308	Suitland	1, 198 L	17.236	7	Deling

DHMH-16 30M 2/80 (VRA 15, 4)

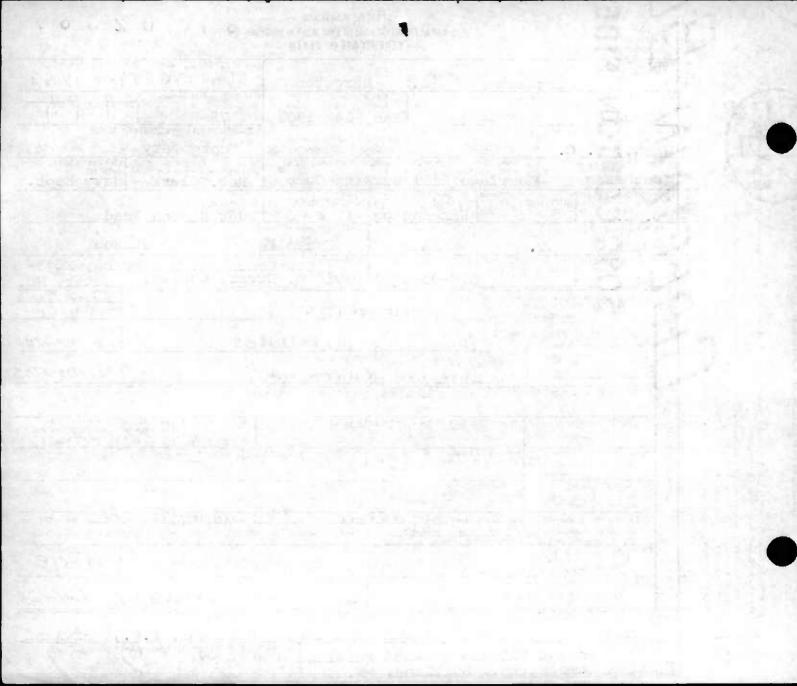
Funeral

Home

BP.

etoined by the hospital or attending physician.

TO HOSPITAL OR ATTENDING



certificate be executed within 24 hours.

ATTENDING PHYSICIAN, The lo

etoined by the hospital or attending physician

	FOR	DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL HY	GIENE 8 1 1 C	2 3 6 8
0	- STATE REGISTRAR	CER	RTIFICATE OF DEATH	REG. NO.	
	I. DECEASED NAME	alPhus B	Burton	20. DATE OF DEATH MONTH	20-81 26. HOUR
	3. SEX		ATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H
1	Male	Caucasian Au	g. 12, 1886	94 YRS	ر
100	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8.	RRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	
(C)	Virginia	United States wilder		Montgomery (County 126 KIND OF BUSINESS
10	Bethesde	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS	ban	TYPE OF WORK FOR MOST OF WORKING	
ansi o	AL RESIDENCE (IF NURSING HOME 130 STATE Maryland Mor	or other institution, give residence before admissionity or town 13c. city or town tgomery Silver Sp	13d INSIDE CITY LIMITS?	130. STREET ADDRESS 512 Orchard	d Way
mine	14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		TZAJ
150	Roderick	S. Burton	Alice		Unknown
dicol		GIVE WAR OR DATES!		ADDRESS	
e He	No	220-44-08	20 Walter J.	Royer, Same a	APPROXIMAL INTERVA
ny injury, or other froumd	Conditions, if any, which gove rise to immediate couse init, statistic the underlying couse first. PART 2. OTHER SIGNIFICAN 19s. DATE OF OPERATION	DUE TO, OR AS A CONSEQUENCE OF TO CONDITIONS CONTRIBUTING TOO AND THE CONDITIONS CONTRIBUTING TOO AND THE CONDITIONS FOR WHICH OPER.	9	MINAL DISEASE OR CONDITION OF	GIVEN IN PART T(a) TES, WERE FINDINGS USED
2	ПР		1	YES NO IN CER	TIFYING CAUSES OF DEATH! YES NO
19	CAUTE OF	DEATH HOUR A.M. MONTH DAY Y	EAR 19	RED ((NATURE OF WHAT IN 17)	Even I convention
0 0	THE ETHER, MODERY MEDICAL EXAMINATION OF COURRED	21s. PLACE OF INJURY (AT HOME STREET, FACTORS, OFFICE TARM, \$70	2H. LOCATION	слуодтамн	COMMIT STA
orko	ALMORE VOLANIES		1000	0 1/0	61
21 s m	saw the decept d alive	on not) view the body offer death.	and that in (my) (m) opinion	death accurred on the date and h	our and from the causes state
NT. IF No.	276 SIGNATURE	s flest-	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/21/8
MPORTA!	114 PHYSICIANS NAME IT	= NARD	616 Reli	west for the	1023/3
	Durial Burial Burial	January Mt.	Zion Cemeter		Maryland STA
0	24 FUNERAL DIRECTOR Rob	ert A. Pumphrey 1		TE REC'D. BY REGISTRAR 256. REG	STAR'S SIGNATURE
	Homes, P.A.	Bethesda, Maryla	and	IAN 27 1981	

CCLEU PURPLE Act Charles 11. That I have been a A THE RESERVE AND A SECOND PROPERTY OF THE PARTY OF THE P federia: 13. nurena riise THE REPORT OF THE PROPERTY OF THE PARTY OF T Bearing of the second of the second hamiled . The state of the land of the lan 111111

benferns wherethe and arrow

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the flashould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed minit

should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

or ottending physician.

retained by the haspital

BP.

IMPORTANT: If them 21 is marked ar Item 18 shaws any

injury, or other traumatic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1.	REGISTRAR			DEC ANTI	CERTIF	ICATE OF DEATH	REG	3. NO.				
	CEASED NAME	FIRST		MIDDLE	L	AST	2a DATE OF DEAT		DAY YEAR	2h HOUR		
(TYPI	OR PRINT)	Gertr	ude	М.	BUTL	ER	Januar	y 21	1981	8:15P _M		
3. SE	X		4 RACE		5. DATE C		6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS		
P.	Male		Caucas	ian	Ju	ne 29, 1912	68	YRS	MONTHS DAYS	HOURS MIN.		
	RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CIT	Y OR COUN	TY OF DEATH			
	aryland	3.5	USA		WIDOWE		Montgomery					
	ethesda	ATH					12a USUAL OCCU	Gov't.				
13a. S	al RESIDENCE (IF NUR STATE aryland	HI/COUN		GIVE RESIDENCE BEFORE 134. CITY OR TOWN Californ	N	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRI 518 Gar	rison	Drive			
14. F/	ATHER'S NAME		NET-			15. MOTHER'S MAIDEN NA			0			
	Alexa	ander	Mac Mac	Donald		FIRST Geor	rgina MDD	IE James	s Sout	ar		
	VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	AL	DDRESS				
	YES NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	579 18 4	806	Wallace K. H	Butler S	ee ite	em 13			
	Canditions, if ony gove rise ta im couse (a), stati underlying cous	, which mediate ng the	DUE TO, O	RAS A CONSEQUE	dia	neet			90	mniks		
CERTIFICATION	PART 2 OTHER SIG	estu	e Hear	+ Failure	Aci	NOT RELATED TO THE TERM Le Renal Full N WAS PERFORMED	P	demena 20b. IF IN CER	. (NGS USED		
	21a. ACCIDENT WAS UN OR CONTRIBUTING [] {IF EITHER NOTIFY MED	CAUSE OF DEA	din .	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF	INJURY IN ITEM	18 PART 1 OR PART 2)			
MEDICAL	21d INJURY OCCUR		21e. PLACE	OF INJURY		21f. LOCATION	CITY	OR TOWN	COUNTY	STATE		
×	WHILE NOT W	ORK ORK	(AT HOME, ST	EET, FACTORY, OFFICE, FA								
	22a I certify that (Dec.	, 19_1/11_	, to_Jan_	21	. 1981_,	that (In (we) lost		
	saw the decease abave, ((we) (did) (did no	Jan.	ofter death	, ar	nd that in (thy) (aur) apinion	death occurred an t	ne date and l	nour and fram the	couses stated		
	226. SIGNATURE	1/1	1 h	Son		DEGREE LT MC ATTENDING WWR PHYSICIAN [MEDICAL DIRECTOR PH	STAFF YSICIAN 🔀	Jan.	22,1981		
	22d. PHYSICIAN'S N	AME (TYPE O	OR PRINT)) "		22e ADDRESS	1 Modia	1 Con	tor Both	necda Md		

RUBERT SHARPE 23b. DATE

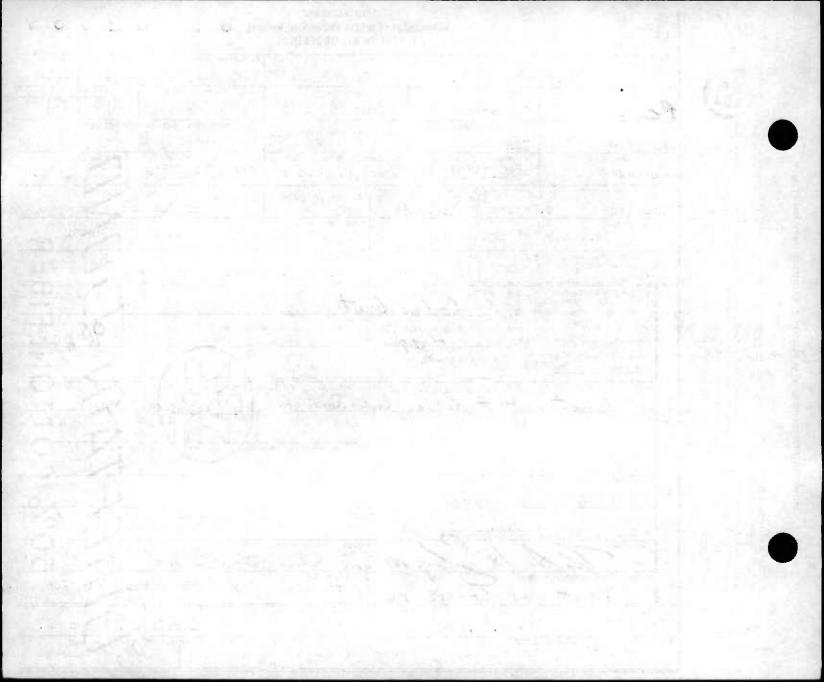
National Naval Medical Center

23a. BURIAL, CREMATION, REMOVAL BURIAL

23c NAME OF CEMETERY OR CREMATORY Evergreen Memorial Jan. 24, 1981

23d. LOCATION
CONTROL COUNTY COUNTY OF THE C

74 FUNERAL DIRECTO MATTING TO Y
NAME MATTING TY FUNERAL HOME ADDRESS Leonardtown, Md



es that the death certificate be executed within 24 haurs after

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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medical exam

injury, ar other traumatic event, the

IMPORTANT: If Hem 21 is marked ar Hem 18 shaws any

24 FUNERALDIRECTOR FRANCIS J. COLLING NAME 500 UNIV.BLVD., W., SILVER SPRING, MD.

FOR STATE REGISTRAR		DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYGH CERTIFICATE OF DEATH	ENE	8	REG. 1	NO.	0	2	3	7	(
1. DECEASED NAME	FIRST	#(DC(E	LAST	2n. [ATE OF	DEATH	MONTH	, D	AY	YEAR	2b HO	UR

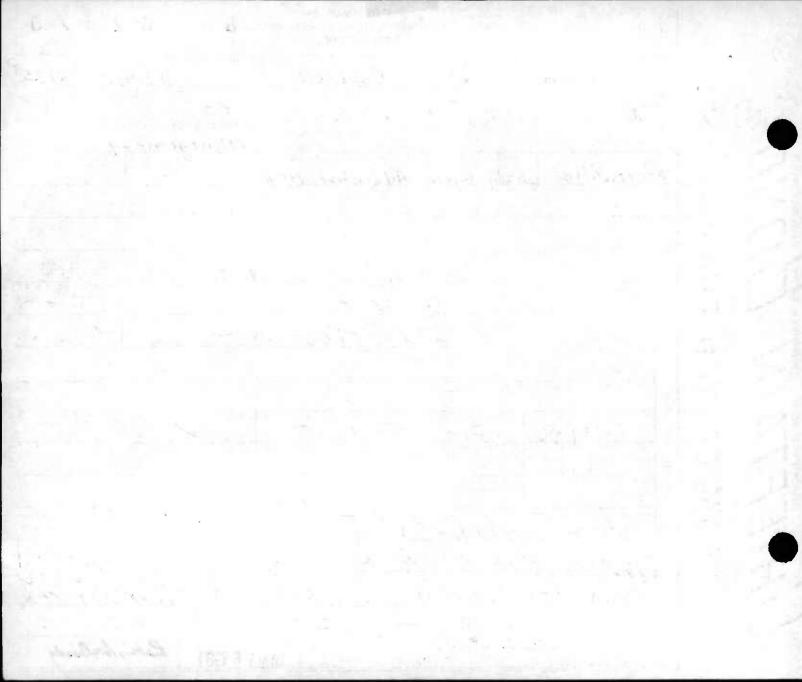
	REGISTRAR				CERTIF	ICATE OF DEAT	ın	REG. NO.			
	CEASED NAME	FIRST		0	1	LAST	. 1	20. DATE OF DEATH MON	TH DAY	YEAR	2b. HOUR
	4	ula	/	Byrd		aldwell			1141	81	21334
3. S	- 1		RACE	~	5. DATE (YF AR	6. AGE (IN YEARS LAST BIRTHDAY) IF UN	DER I YEAR	IF UNDER 24 HRS HOURS MIN.
1	MALO		Wh	1/4	JU	LY 5, 189		83	YRS.	DATS	HOURS MIN.
	RTHPLACE (STATE OR I	FOREIGN 7		WHAT COUNTR	Y? 8 MARRIE	NEVER MARR	IED 🗆	9. BALTIMORE CITY OR CO	DUNTY OF E	HTAS	
	VIRGINIA	N	U.S.		WIDOW		-		nem	1	MD.
10. C	OCK VILL	le		HOSPITAL, NUR!		entict		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO) HOUSEWIFE		b. KIND O DUSTRY	OF BUSINESS OR
	AL RESIDENCE (IF NURS			GIVE RESIDENCE BEF	ORE ADMISSION)	GIIII I					
	MARYLAND	MONTG		GAITHER	SBURG	13d INSIDE CITY LI		201 RUSSELL	AVENL	ΙE	
14. FA	THER'S NAME			1.07		15. MOTHER'S MA	IDEN NAM				
	LAWREI		DDIE	DEATLEY	1	FIRST	LA	WIDDLE		KING	
	VAS DECEASED EVER			166 SOCIAL SE	CURITY NO.	17. INFORMANT	ĐΔ	UGHTER ADDRESS		CHA	DDCDUDC
{	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	579-32	-5593	LULA C.	BEAT	TY RT 1, BOX	164B,	MAR	YLANUKG
	18. CAUSE OF DEAT	H (Enter only	one couse per	line for (a), (b),	and (c).1	. 1				BETWEEN C	ONSET AND DE A
	PART I. DEATH W	IMMEDIATE		(+	/ /	1				3.1	mos is
	2201	01011201112		R AS A CONSEC	NIENCE OF	-				,	
	Conditions, if any	which	(, ,)	AS A GOISSE	J.	TIM	wy	2		41	43
	gove rise to imr	mediate) (0)—	10		1.00				1	
	couse (a), statir underlying couse		DUE TO, OI	R AS A CONSEC	QUENCE OF					0	
	BARTO OTHER SIGN	UEICANIT CO	(c)	DATE OF THE OF	O DE ATH BUT			/		I D . DT I .	
Z	PART 2. OTHER SIGI	NIFICANI CO	ONDITIONS <u>CC</u>	DNIKIBUTING I	O DEATH BUT	NOI RELATED TO	HE LEKWIN	NAL DISEASE OR CONDITIO	ON GIVEN IN	Y PART TO	9,
CERTIFICATION	M. DATE OF OMEDA	TION	THE CONDI	TION GOT HOUT	CHOREDATIO	N WAS PERFORME		20a AUTOPSY? 20b	IF YES, WE	DE EINIDIN	105 11550
FICA	19a. DATE OF OPERA	1000	198 COND	S " KHII	CH OPERATIO	MAS PERFORME	-	IN			OF DEATH?
RT	12/3	10	F	ran	110	020		YES NO	YES 🗌		NO 🗆
)	21a. ACCIDENT WAS UNI	h-mark	HOUR A.	F INJURY M. MONTH	DAY YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJURY IN I	TEM 1B PART I	OR PART 2)	
CAL	(IF EITHER NOTIFY MED!		P.	M.	19						
MEDICAL	21d. INJURY OCCUR	RED	21e. PLACE	OF INJURY	E EARM ETC)	211 LOCATION	1	CITY OF TOWN		OUNTY	STATE
Σ	AT WORK NOT WE		(ATTIOME: STR	LEI, FACTORY, OFFIC	A. PARM, ETC.)	2/10 5/	00			al	
	220.1 certify (hot (I)	(this beaping	f) offended h	e deceased for	10 / C	1600.00	00	_, 10	19-	3-1	that (1) (we) lost
		ed alive an _	view the body	ofter work	, 01	nd that in (my) (our)	opinion de	eath occurred on the date a	nd hour and	from the	couses stated
-	22h SAGNATURE		1	4/	2	DEGRIE .	1 -			22c. DATE	SIGNED ()
	Illan	61	Mr	of "	m		ICIAN 2	MEDICAL STAFF DIRECTOR PHYSICIAN		1//	3/11
- 6	22 PMYSK JAN'S NA	AME IIII	PRINT)	^	-	22e ADDRESS	1	110		1	2016
	The	(>	11/	ARI) (n.	N/2 Km	uni	19 July	1/2	(1)	2 2V
220 5	BURIAL, CREMATION,	DEMOVAL	23b. DATE	122	NAME OF	EMETERY OR CREM	ATORY	23d LOCATION	1	177	
	BURIAL	KEMOVAL	1/17			UN CEMETER		ROCKVILLE	MONT	NTY	MD TATE

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BY REGISTRAR 25b. R. ISTRAR'S SISNATURE

250 DATE REC'D.

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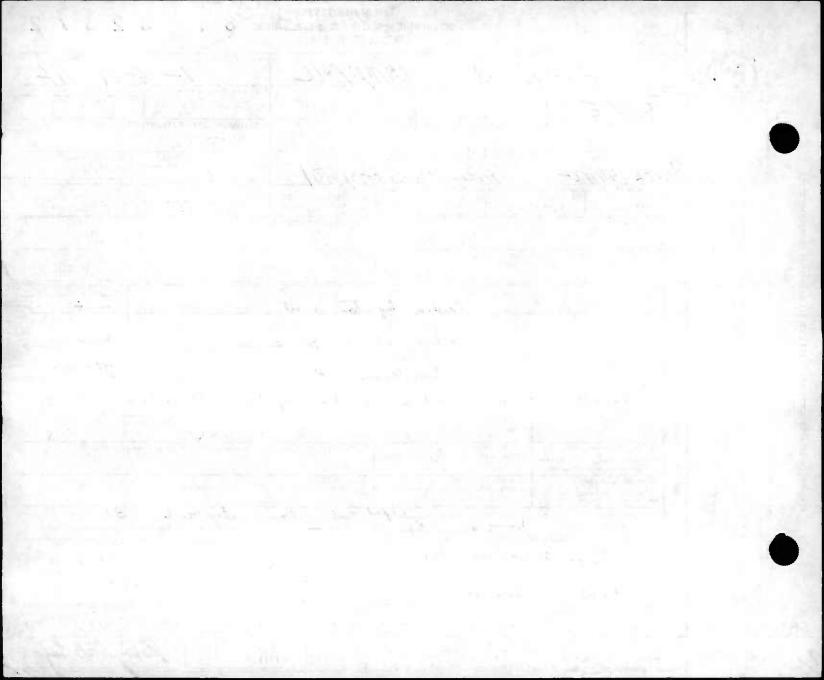


STATE OF MARYLAND

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	₂₀ 1	V.	FOR STATE REGISTRAR			ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0	2 3	7 2
(M	VI		CEASED NAME PRIST	EEN)	S MIDDLE	Al	MPBELL	2ª DATE OF DEATH	MONTH DAY	8/	26. HOUR ////////////////////////////////////
n after o	ouce.	3 SE	KMALE		HITE			6 AGE (IN YEARS LAST BIR	YRS.		HOURS MIN
uneral di in 72 hou	1/5	P	RTHPLACE (STATE OR FOREIGN DUNTRY) FNNSYLVANTA	u.s		WIDOWE		MONTGOME	RY		MD
in by thir	168	SI	VER SPRING	(IF NOT IN SI	HOLLY C	STREET ADDRESS)	HOSPITO/	(TYPE OF WORK FOR MOST OF PERATOR	ION OF WORKING LIFE)	WESTER	BUSINESS OR RN UNION
pe pe	133	13a. S		NTGOMERY	13c. CITY OR		13d. INSIDE CITY LIMITS? YES XX NO	130 STREET ADDRESS	LSTWOOD	AVENUE	
completely fill	medical ex		ROBERT	J.	MCGO	WAN	ŠÄRAH	WIDDLE		GOWA'N'	
an and co	t, the me		VAS DECEASED EVER IN U.S. res, no or unknown) (if yes, NO	, ARMED FORCES? , GIVE WAR OR DATES)		07-8844	MARY D. MUC	ADDR	ME AS 13		AUGHTER
by the attending physicial eremove carbon papers.	or other traumatic event		Canditions, if any, which gave rise to immediate to underlying cause last	DUE TO, (b)	OR AS A CONS	EQUENCE OF	intog Arrest			APPROXIMATION OF THE STATE OF T	NATE INTERVAL NASEI AND DEATH
een signed Then pleas	any injury,	TION	Emociation	· Anorez	ONTRIBUTING	they.	NOT RELATED TO THE TERM Article Hype	etair. Ple	sydne	e c	IRT-
n. ate has t	8 shows	CERTIFICATION	190 DATE OF OPERATION			HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, W IN CERTIFYIN YES	G CAUSES (GS USED OF DEATH? NO 1
ng physician. this certificat burial-transit p	2 or Item	MEDICAL CE	218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAMINATION OF COURRED	F DEATH HOUR A	P.M. E OF INJURY	DAY YEAR	216 HOW INJURY OCCURE				
STOR: After	121 is marke	W	WHILE NOT WHILE DAT WORK 22a.1 certify that (1) (this has we saw the deceased alive	aspital) attended to	16	ram Cip	5TREET 19.76. Id that in (my) (ease) aprinian in	ta Janey death occurred on the d	<u> </u>		hat (I) (we) last
the hospid AAL DIREC	NT: If Item		abave, (I) (we) (did) (d	& Grazi		7.0	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		226 DATE S	GHENED
retained by TO FUNEI Should be a	MPORTAN		HUGO	G Enn	ziani		220 ADDRESS 800 S.S.		20410	3 A	
BP	_	(BURIAL, CREMATION, REMO BURIAL	1/9	/81	GATE 0	EMETERY OR CREMATORY F HEAVEN	234 LOCATION CITY OR TOWN SILVER SP	RING	MONT	STATE MD
DHMH-16 (VRA 15, 4		24 FI	NAME FRA		COLLING VER SPE		20901 250. DATI	N 12 1981	25b. REGISTRA	S'S-SIGNATU	heady



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND 21201	-	7	se	Cre
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0	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Agge- grained by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral direction	should be detoched for use as the buriol-tronsit permit. Then please remave corbonpopers. Pages 1 and 2 should be filed within 72 hours	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

e must be notified at ence

IMPORTANT: If them 21 is marked or them 18 shows ony injury, or other troumotic event, the medical exami

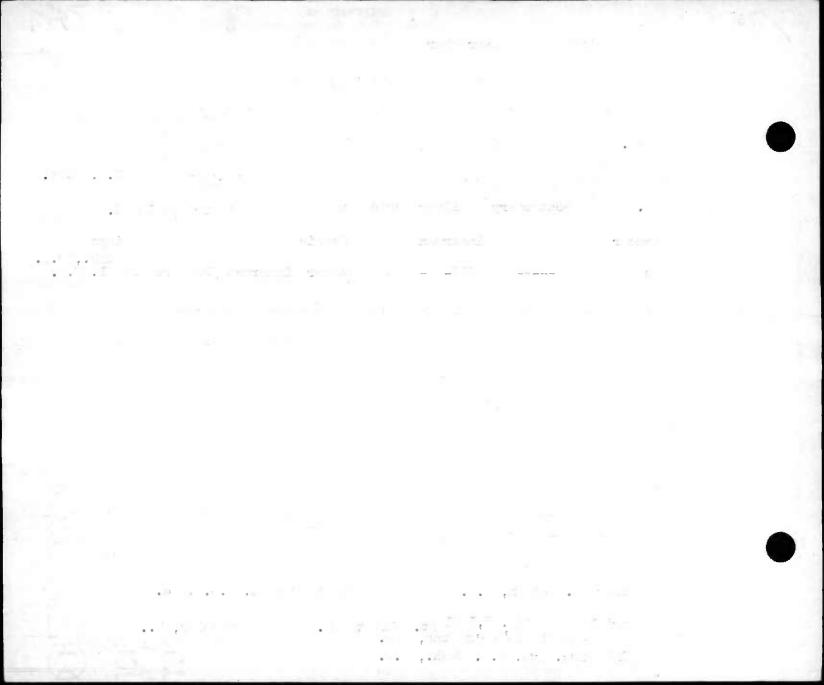
STATE OF MARYLAND

FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE O I U	23/3
I. DECEASED NAME FIRST	MIDULE	ĮAST .	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
(TYPE OR PRINT) RALPH	LEONARD	CAPLAN	JANUARY 27,	1981 520 AMM
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
MALE	WHITE	APRIL 3, 1909	71 YRS.	
76. BIRTHPLACE (STATE OR FOREIGN MARY LAND	76 CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	1 0/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	Y OF DEATH MD.
10. CITY OR TOWN OF DEATH TAKOMA PARK	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREI WASHINGTON		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) ACCOUNTANT	12b. KIND OF BENCY OR INDUSTRY ADVERTISING
	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE STEVER	SPRING 13d INSIDE CITY LIMITS? YES 120 NO	13e. STREET SODRESS SFIEL	D ROAD
14 FATHER'S NAME SAMUEL	CAP LAN	15. MOTHER'S MAIDEN N	AME MIDDLE	ABRÄHAM
160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SEC VETT 100 DATES) 213-38-2		APLAN, same as #1	3
	DUE TO, OR AS A CONSEQUENCE (c)	mey ART. DI		IVEN IN PART No:
19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	_ IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? IES \(\begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
OR COLUMNIA TO CALLER OF B		DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18.	PART I OR PART 2)
OK CONTRIBUTING CAUSE OF DE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)	CITY OR TOWN	COUNTY STATE
sow the deceased olive of above, (1) (1.2) (day) (did	pitol) ottended the deceased from on 27 19 not) view the body after death.	8), and that in (my) (opinion	n death occurred an the date and ho	, 19, that (I) (ve) lost our and from the causes stated
22b. SIGNATUR	e Roman	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/27/8)
22d. PHYSICIAN'S NAME (TYPE	RONAN	7600 CA	neou ME.	POROMA PK, M
23a BURIAL, CREMATION, REMOVA BURTAL	1/28/1981 134	UDEAN MEMORIAL GARY	DENS OLNEY MONTO	OMERY MARYLAND

25 AMERECO PRECISTRARISE REGISTRAR'S SIGNATURE 1/28/1981 JUDEAN MEMORIAL GARDENS PONAPOCAPRISTEIN HEBREW 232 CARROLL STREET, N. MEMORIAL FUNERAL DHONE DHMH-16 30M 2/80 (VRA 15, 4)

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0		1	1.	FOR STATE			DEPART	TMENT OF H	E OF MARYLAND		IENE 8	ì	0	2 3	7 4
				REGISTRAR Alic			rragher		ICATE OF DEA	111		REG. NO			
2/4				CEASED NAME OR PRINT)	FIRST	,	MIDDLE	7	AST		2a DATE OF	DEATH	MONTH DA	YEAR D	2b. HOUR
9	27)	3 SE)		1100	RACE		IS DATE O	cagho	N	A AGE UNVE	ARS LAST BIRT	HDAY) I	F UNDER I YEAR	IF UNDER 24 HRS
		-	F	Emalia		Wh:	to	MONTH		YEAR	AGE (INTE	7			HOURS MIN
dire	ė,		7e. BI	RTHPLACE (STATE OR FO	REIGN 76	CITIZEN OF	WHAT COUNTRY	? 1	- Daysus was	7	9 BALTIMO	RE CITY O	R COUNTY C	OF DEATH	
within 72	at ance		CC	Md.		US		WIDOWE		CED 🔲	1	RON	Tyon	eny	MD.
		10	10 CI	TY OR TOWN OF DEA			HOSPITAL, NURSI		R OTHER INSTITUT	ION	12e USUAL (TYPE OF WORK		ON F WORKING LIFE)	INDUSTRY	BUSINESS OR
n by	oe no	20	7	L RESIDENCE DE NIES	NG HOME OF OTH	FE INSTITUTION		CO ST	MOSD		Cler	ical.		U.S. (JOVE
filled in by thauld be filed	must	35	13a S	L RESIDENCE (IF NURSI TATE Md	Montg	omery	Silver	Sprin	131. INSIDE CITY L	IMITS?	134. STREET .		gvale	Rd.	
tely 2 sho	in er	-01	14.FA	THER'S NAME					15 MOTHER'S MA	IDEN NAM	WE		10.20		7
mpletely and 2 sho	exam	00	S	pencer	MIDE	_	immermar	1	Jessi	е		MIDDLE		Riggs	
d co	lo	1	16a V	AS DECEASED EVER	N U.S. ARME		166 SOCIAL SEC	URITY NO.	17 INFORMANT			ADDRE	SS		D.C.
Poo	medical			ES, NO OR UNKNOWN)	(# YES, GIVE WA	CR OR DATES)	577-50-	-9426	Spencer	Zimm	nerman	3286	Arcadi	a Pl. 1	N.W.
physicia	emaval event, the			PART I. DEATH W	I (Enter only on AS CAUSED B IMMEDIATE C	Υ.	(1)	BRA	L HI	5M6	RRH	ASE		BETWEEN OF	ATE INTERVAL NSET AND DEATH
ding	or re			4310			R AS A CONSEOL	UENCE OF				V			
affer	raum			Conditions, if any,		(b)	FSSENT	TPL	HYPERTE	4510	M AT	HERO	CLERA	55 /6	YEARS
by the	cremo	4		couse (a), stating		DUE TO, O	R AS A CONSEQU	UENCE OF			1				
ned b	urial y, ar			PART 2 OTHER SIGN	IFICANT COM	VDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEAS	E OR CON	DITION GIVE	N IN PART 1(p)	
n sig	to b		ON	DIA	BETT	=5 /	MELL	-1711	<						
bee	prior	0	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORME	D	200 AUTO	OPSY?	206. IF YES,	WERE FINDING	GS USED
has	Hygrene 18 shaws	\mathbb{Z}	TIE			ł					YES 🗌	NO	YES		NO []
ficate	I ®	a		21a. ACCIDENT WAS UND		21b. TIME O HOUR A.		DAY YEAR	21c HOW INJUR	Y OCCURR	RED (ENTERNA	TURE OF INJUI	IY IN ITEM 18, PAR	RT 1 OR PART 2)	
Central P	Her		MEDICAL	(IF EITHER, NOTIFY MEDICA	L EXAMINER)	Р.		19							
er this	and M ked ar	`	MED	21d INJURY OCCURR WHILE NOT WH AT WORK AT WOR	IILE 🗆	21e PLACE ((AT HOME, STE	OF INJURY REET, FACTORY, OFFICE	, FARM, ETC)	211 LOCATION STREET			CITY OR TOW	M	COUNTY	STATE
Aft	ealth s mar			22a I certify that (I)	(this took tal)				, 1	975		AN	1.	9.8/, 11	not (I) (mm) lost
OL J	of H			saw the decease above, (1) (week) (d	d plive ons	iew the-bady		81 .01	nd that in (my) (opinion o	death accurre	d on the do	ote and hour	and from the co	ouses stated
L DIREC	e Dept			22h-SIGNATURE	00	1000		1		NDING SICIAN	MEDICAL DIRECTOR	STAF		22c DATES	1.1981
LERA DE	FANT	7		22d. PHYSICIÁN'S NA	ME (TYPE OR PR	INT)	VVVV		22e ADDRESS	7	-			1	1.747
TO FUNER	with the State	\perp		Edward	A. Bee	man, M			8830 Cam		St. S.	.s.,	Md.		31
r ⊢ ⊽ P	· · · · ·		(:	URIAL, CREMATION, BURIAL		UCLULA	,1981 Mt	. Oli	emetery or createt Cem.	MATORY	Fred	lerick	Md.	OUNTY	STATE
онмн-			24 FL	INERAL DIRECTOR	oseph A-	Gawle:	W. Wash.	, Inc.		259 RAV	REC'B. BY	EGISTRAR 18	15h BGISTE	y hely	RE Looke
RA 15,	4) 7/	/8		2120 M	Lac. Av	C. Ne.	· wasn.	, 2000		07111	- 2 1	'			/



ITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
i. The low requires that the death certificate be executed within 24 hours offer death. Finds within be sician.	fer death. Fugar Lay be
ate hos been signed by the attending physician ond completely filled in by the funeral north propers. Pages 1 and 2 should be filed within 72	he funerol within 72

	1-	FOR STATE REGISTRAR	DEPARTM	ENT OF H	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	ENE 8 REG. N	0	2 3	7 5
ì		CEASED NAME FIRST OR PRINT) ASSIGN	Thelma	Ca	1-1-0//	2a. DATE OF DEATH	MONTH D	81	26. HOUR
	3. SEX	Female	White	5. DATE (6. AGE (IN YEARS LAST BIR	81 M	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
33	(Virginia	U.S.A. 13. NAME OF HOSPITAL, NURSING	WIDOWI			omer	4 Co	
70	6	Bethesda .	(IF NOT IN SUCH FACILITY, GIVE STREET A	H65/	DITAL	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Store Dete	OF WORKING LIFE		F BUSINESS OR
35	13a S	MAryland 136 COUNTY			13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NAM	13e. STREET ADDRESS	ihan	, Ro	(.
50	Н			RITY NO	Alma 17. INFORMANT	MIDDLE	ESS	Lippol	
1	()	NO	war or Dates) 215-10-3		Gerard E Rog	ers 8511 Pe	lham R		MATE INTERVAL
	7	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF	is, or cul		2	4	
9	CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D			NAL DISEASE OR CON 200 AUTOPSY? YES NO	20b. IF YES,	WERE FINDING CAUSES	IGS USED
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)		Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	RM, ETC)	211. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
		22a I certify that (I) this hospits saw the deceosed alive an above, (I) (wested) (did not 22b. SIGNATURE	1//	Y	nd that in (my) (our) apinion a DEGREE ATTENDING	MEDICAL STA	FF		
1		22d. PHYSICIAN'S NAME (TYPE OR LEWIS N C	PRINT) PAHILL M.D.	/	PHYSICIAN 22e. ADDRESS	DAK CV.	3ETHE	SOA,	20

DHMH- 16 30M 2/80 (VRA 15, 4)

should be detached for use as the with the State Dept. of Health and IMPORTANT: If Item 21 is marked a

23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial 1-5-81 24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY Dulaney Valley Mem Gar

23d. LOCATION

1em Gat Lutherville Balto Maryland
1250. DATE REC'D. BY REGISTRAR 250. REGISTRAR 250. ATURE

Mitchell-Wiedefeld Home 6500 York Rd 21212

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	0 2	3 7 6						
		CE ASED NAME FIRST	MIDDLE		LAST	REG. NO.	AONTH DAY YEAR	2b. HOUR
Н		WILLIAM FIELDS	CAVENESS			JAN 24 198	l.	M SEED
1	3. SEX		CAUCA STON	MONT	DEBIRTH T 13 1908	6 AGE (IN YEARS LAST BIRTH	MONTHS DA	
10	(RTHPLACE (STATE OR FOREIGN) COUNTRY) ZEBULON N.C.	U.S.	MARRIE WIDOWI	DY NEVER MARRIED D	9. BALTIMORE CITY OR MONT GOM		MD.
7		TY OR TOWN OF DEATH BETHESDA	WORKING LIFE) 12b. KIN INDUST U.S	D OF BUSINESS OR				
5	13a. S	STATE II TO THE	gomery BETHESDA		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 4977 BATTE	RY LANE	
50	14. FA		LAST					
-		VAS DECEASED EVER IN U.S. ARA YES NO OR UNKNOWN) (IF YES, GIVE YES 51-7	WAR OR DATES)		WIFE-ANGELA	S. CAVENESS	betnesd.	
		PART I DEATH WAS CAUSED	y one cause per line for (a), (b), and (b) BY: E CAUSE (a) CANCER OF DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c)	THE OF	COLON		APP) BETWS	RÖXIMATE INTERVAL EN ONSET AND DEATH
	TION	PART 2 OTHER SIGNIFICANT CO						
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATIC		YESX NO	20b. IF YES, WERE FIN IN CERTIFYING CAU: YES []	SES OF DEATH?
1		? 0 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART	2)
	MEDICAL	21d. INJURY OCCURRED WHILE ON OT WHILE OF WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FAR	M ETC)	21f. LOCATION STREET	CITY OR TOWN	N COUNTY	STATE
		220.1 certify that (I) (this special saw the deceased glive an above, (I) (I) (I) (I) (I) (I) (I)	attended the deceased from De 1981	, o	30 , 180 and that in (my) (our) opinion of DEGREE			the couses stated
		MACION	le		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA		[BUAL

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending planter should be detoched for use os the burial-transit permit. Then pleose remove carbillit with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar title IMPORTANT: If them 21 is marked or them 18 shows ony retoined by the hospital TO HOSPITAL DHMH-16 30M 2/80 (VRA 15, 4)

23a. BURIAL, CREMAT
Burial January 1981 24. FUNERAL DIRECTOR Robert A. Pumphrey P.A. Bethesda,

CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY 27 Oakwood Cemetery Funeral Maryland

22e. ADDRESS

BOX 162, NNMC

23d LOCATION
CITY OR TOWN
Raleigh,

North Carolina

250. DATE REC'D. BY REGISTRAR 256. SISTRAR'S SIGNATURE 2 9 1981

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TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be exercited within 24 hours after under Page 4 may retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lilled in by the funer of the clor page. Should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be find within 2 characteristics with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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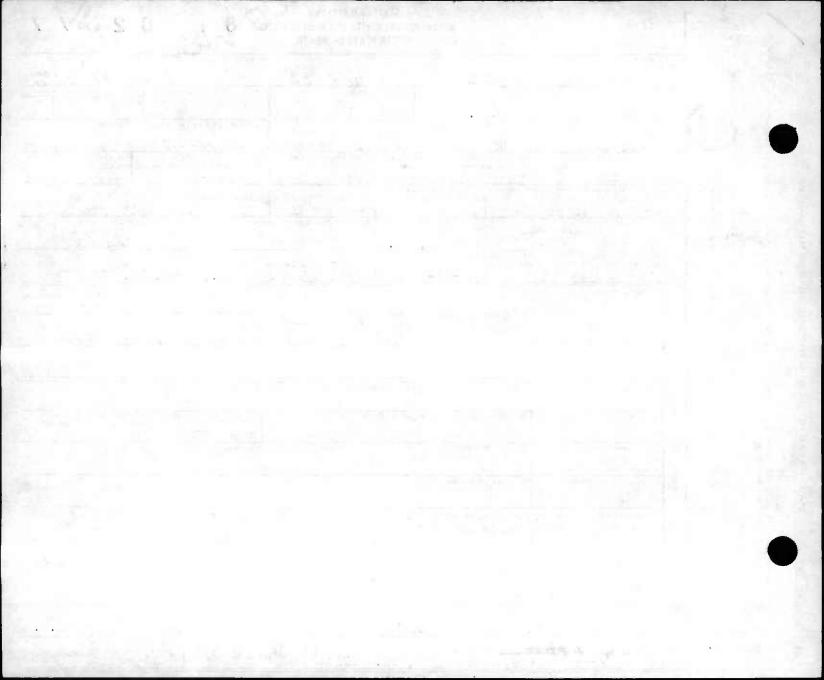
STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	-	STATE REGISTRAR			CERTIFICATE OF DEATH REG. NO.									
		CEASED NAME	FWST		MIDDLE	- 1	AST		2a DATE OF DE	ATH MONTH	DAY YEAR	26 HOU	R	
		Andrew			IMI	CAK	PRICO	JR		1-	14-81	313	AM	
	3 SEX	(4 RACE		5 DATE C		YEAR	6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	IF UNDER	24 HRS	
V	3,1	Male		Ca	au.	May	18	1892		88 YRS	5			
J		BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY?				1	D NEVER		9 BALTIMORE	CITY OR COUN	TY OF DEATH	1		
n								WORCED	Mont	gomery		MD.		
	10. C1	TY OR TOWN OF DEA		11. NAME OF	HOSPITAL, NURSIN	IG HOME C			12e USUAL OCC	UPATION	12b. KIND (OF BUSINE	SSOR	
0	Ke	Kensington (# NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Kensington Gardens					Nursir	a Home	(TYPE OF WORK FOR		Feder	al Ao	ent	
	USUA	AL RESIDENCE (IF NURS		OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	N)					21 115	CITE	
5	100	TATE	136 COUN		Da alassá 1		YES T	NO X	13e STREET ADD		Mill Dog	4 200	52	
4	-	Maryland	Mont	gomery	Rockvil	1e		S MAIDEN NAM		viers i	Mill Roa	1 208	33	
A		FIRST		MIDDLE	LAST		I MOTHER	FIRST		IDDLE	LA LA			
Ü				IM	Carrico,			rginia_		1000000	Lucke	tt		
		VAS DECEASED EVER		MED FORCES? WAR OR DATES)	166 SOCIAL SECU	RITYNO	Son-A	indrew (Carrico	ADDRESS III				
		Yes	_ WW	I	214-12-7							150		
		18 CAUSE OF DEATH (Enter only one couse per line for on, (b), ond (c).								APPRO)	ONSET AND	VAL		
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)										-		
		4290	IMMEDIA		1	A	71	1-11	1	1)				
		Conditions, if any,	which	DUE TO, O	RAPACONSEQUE	Vend	40	10 1 K	marken	· Visos	1 70	Zen		
		gove rise to imr	mediate	101-	701000	Gran		FOOT IN	10,	70000				
		couse (a), statin underlying couse		DUE TO, O	R AS A CONSEQUE	NCE OF								
-		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO												
	NO	PART 2 OTHER SIGN	NIFICANI (ONDITIONS CO	DATKIROTING TO D	DE ATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE O	R CONDITION (GIVEN IN PART I	01		
7	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPS		YES, WERE FIND			
	IFIC			1000					YES N	O IN CER	RTIFYING CAUSES	OF DEAT		
5	ER	210. ACCIDENT WAS UNI	DERLYING [216. TIME C	F INJURY		21c HOW IN	JURY OCCURR	ED LENTER NATURE					
		OR CONTRIBUTING		(11)	M. MONTH DA	1.								
	20	(IF EITHER, NOTIFY MEDIC 214 INJURY OCCUR		P.		19	21f LOCATIO	ON					_	
	MEDICAL		HILE	21e PLACE (AT HOME, STI	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		c.ft	ORTOWN	COUNTY	ST	ATE	
		AT WORK AT WO	ORK U			4	1/_/						1	
		220 I certify that (I)				100	anhe !	19 00		men 1	19		ve) last	
	- 4	sow the decease	ed alive on did) did no	t) view the book	ofter death.	, 01	nd that in (my)	(our) opinion o	death occurred a	n the date and h	hour and from the	couses sto	ted	
	12	226. SIGNATURE	-	//		. /	DEGREE				22c. DATE	SIGNED	7	
		/ Degan	mh'	11	mm.	in		PHYSICIAN 1	MEDICAL DIRECTOR	STAFF PHYSICIAN	4	4.1	/	
П		224 PHYSIC/AN'S N	AME (TYPE O	R PRINT)		V	22e ADDRES	S	1	,1	0	1	1	
		Rady	min	AN	runin,	00	37	20 JAV	mosut	Ana.	Now. M.	(20	755	
	230. B	JURIAL, CREMATION,	REMOVAL	236. DATE	23c. h	NAME OF C	EMETERY OR	CREMATORY	23d LOCATIC	N N N N N N N N N N N N N N N N N N N	COUNTY	STA	TE	
	1.	Cremati	on	Jan 1	7 81 L	ee's	Cremato	ory		ington			C.	
	24 FL	INERAL DIRECTOR	7 70	-4	ADDRESS			250. DATE	REC'D. BY REG	STRAR 256. REG	ISTRAR'S SIGNA	URE		
	D	emaine Fur	eral	Home A		a. Va	. 2231	4	MT 9 19	01	Lille	ready		
- 1	~	CHICATER TOTAL	TOT OL	220							-			

DHMH-16 25M (VRA 15, 4) 1/79

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the m



certificate be

that the death

OR ATTENDING PHYSICIAN: The low attending physicion

retoined by the hospitol or

HOSPITAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE

2

1	REGISTRAR	,	CEKTIF	ICATE OF DEATH	REG. NO.						
	ECEASED NAME FIRST	WIDDLE	l	AST	20 DATE OF DEATH M	ONTH DA	Y YEAR	26 HOUR			
	Walter	Joseph Cl	hambe	ers	Ja	n. 10	198	6:12P			
3. S	EX	I. RACE	5 DATE C		6 AGE IN YEARS LAST BIRTHE		UNDER I YEAR	IF UNDER 24 HRS			
MALE 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		WHITE Ä		UST ^{DAY} 20, YE 18932	48	YRS	NTHS DAYS	HOURS MIN			
		& CITIZEN OF WHAT COUNTRY?	8	D IX NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY	F DEATH				
l	New York	USA	WIDOWE		Montgome	ry		MD.			
10	CITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) 		OR OTHER INSTITUTION	120 USUAL OCCUPATIO		12b. KIND C	F BUSINESS OR			
L	Olney		Montgomery General Hospital			er	"Fech.	Publi-			
13a	JAL RESIDENCE (IF NURSING HOME OR C STATE 13b COUNT Maryland Mon	tgomery Silver	Spri	13d INSIDE CITY LIMITS?	3 Pinebre	ook Co		lions			
14.1	ATHER'S NAME			15. MOTHER'S MAIDEN NAM							
Walter Joseph Warner				Frances Lillian MIDDLE Goodwill							
	WAS DECEASED EVER IN U.S. ARM		RITY NO.	17. INFORMANT	ADDRES						
	Yes 1952+95	5 231-36-9	9144	Laurie S. Ch	ambers Sam	e as #	† 13				
	PART I. DEATH WAS CAUSE (b) Concer of Droost with motor toses DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF										
,	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO [DEATH BUT	NOT RELATED TO THE TERMI	nal disease or condi	TION GIVE	V IN PART 10	a i			
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FIN IN CERTIFYING CAUS						
_	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18, PAR	T I OR PART 2)				
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.]	211 LOCATION STREET	CITY OR TOWN		COUNTY	STATE			
	22a.l certify that (1) (this hospital saw the deceased alive an above.	view the body ofter death.	Ś.)	nd that in (my) (our opinion of	, 10	ond hour c		that (I) @@last couses stated			

22e ADDRESS

ATTENDING MEDICAL PHYSICIAN DIRECTOR STAFF 24. DATE SIGNED

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23a.	BURIAL, CREMATION, REMOVAL
	(SPECTemation
l	Cremation

72b SIGNAT

Jan. 11, 1981

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23d. LOCATION GITY OR TOWN

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njury, or other traumatic event, the

MPORTANT: If hem 21 is marked or llem 18 sho

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	STATE REGISTRAR		CERTIFICATE OF DEATH REG. NO.								
	CEASED NAME	WIDDLE	0 1	ST	20. DATE OF DEATH	MONTH	DAY YEA	2b. H	OUR		
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1.58	X 14.5	ACE	5. DATE O		6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 Y		IDER 24 HRS		
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Ja B	RTHPLACE (MATEONION 76	CITIZEN OF WHAT COUNTRY?	8 A	NEVER MARRIED	9. BALTIMORE CITY	OR COUN	TY OF DEATH	1			
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100	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET WAS IN 19 TON	ADDRESS)	1. 1 11 - 1.	12a USUAL OCCUPA				NESS OR		
	AL RESIDENCE (IF NURSING HOMEOR OTH	ER INSTITUTION, GIVE RESULENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	v fcc	1	Bila	20101		
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103	214 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	A PAA ETC \	21f. LOCATION STREET	CITY OR T	OWN	COUNTY		STATE		
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	276 SIGNATURE (1) Whon	leave_	D	ATTENDING PHYSICIAN	MEDICAL STA		22¢. D	ATE SIGNI	ED		
	274 PHYSICIAN'S NAME (TYPE OF PR	NT)		22e ADDRESS				1	11		

230. BURIAL, CREMATION, REMOVAL

23b. DATE

23c NAME OF CEMETERY OR CREMATORY

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TO HOSPITAL

14 FUNERAL DIRECTOR

		1-	FOR STATE REGISTRAR	ME	DEPARTMENT	TATE OF MA OF HEALTH A NINER'S CE		AL HYGIEN	PL I	O .	2 3	8	o
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MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the should be detoched for use os the buriol-transit permit. Then please remove corbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. After this certificate hos been

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FOR STATE REGISTRAR	DEPARTMENT OF HEALTH CERTIFICATI

STATE OF MARYLAND I AND MENTAL HYGIENE E OF DEATH

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-	14 FA	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	MIDDLE			LAST		
1	W	Villiam J.	Millar			Lillian K.	Diggs					
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		John Kij	jak &			344 Unive	ersity Bl	vd.W.	. ss.	Md		
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TO HOSPITAL OR ATTENDING PHYSICIAN: The

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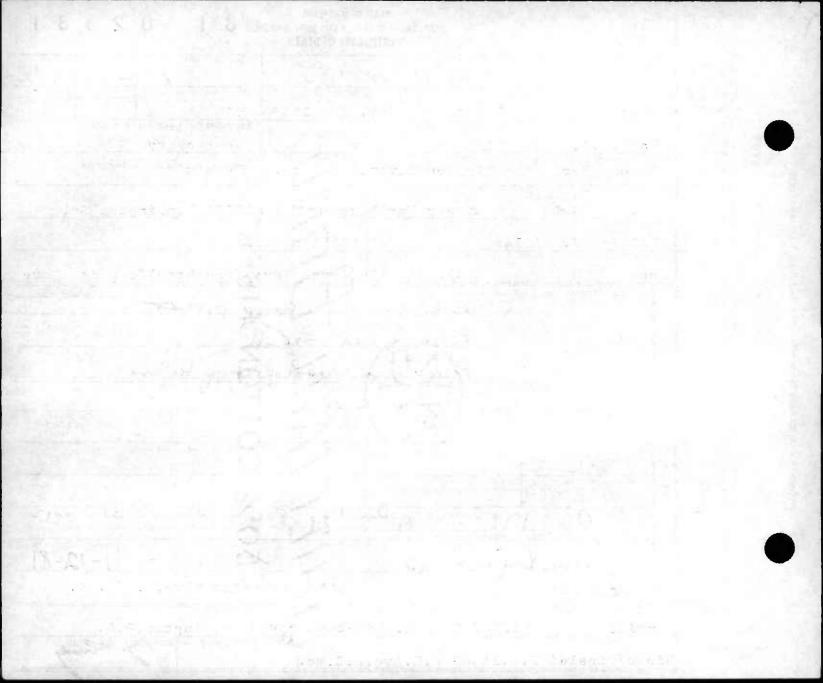
Burial

Washington, D.C.

STATE

Mt.Olivet Cemetery W 1/14/81

PARTICIPATION ADDRESS Hines/Rinaldi F.H.11800 N.H.Ave.S.S.Md.



Page 4 may be TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun shouldbe detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the med

STATE OF MARYLAND

1.	FOR STATE REGISTRAR			OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	REG. N	0.	2 3	0 2
	CEASED NAME FIRST OR PRINT)		MIDDLE	LAST	2e. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
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70 BI	RTHPLACE (STATE OR FOREIGN OUNTRY) VEW YORK	76. CITIZEN OF	A .	RRIED NEVER MARRIED OWED DIVORCED	MONTGON	_	FDEATH	MD.
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130 5	AL RESIDENCE JIF HURSING HOME OF	VTY	GIVE RESIDENCE BEFORE ADMIS 131. CITY OR TOWN WASHINGTON	YES NO	1327 AI	LLISON	STREET	Γ, N. W.
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t	BURIAL CREMATION, REMOVAL SPECIEVE BURIAL	1/28/1	WELLOOT LANGER	EGATION CEMETER	ORAHCITY OR TOWN WASH TE REC'D, BY REGISTRAR	INGTON	DUNTY	D. C.
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STATE OF MARYLAND	275	-	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8		
CERTIFICATE OF DEATH			

3 SEX To BIRTH COUNT 10 CITY C SILL USUAL TAME 14 FATHE	Female IPLACE (STATE OF FOREIGN 78) Italy OR TOWN OF DEATH 11. VET SPING TESTIDENCE IF NURSHING HOME OF OTH TE 1136 COUNTY	White CITIZEN OF WHAT COUNTRY? U. S.A. NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET AD HOLU Cross Hosp	HOME OR OTHER INS	1897 1897 MARRIED 180	REG. N DATE OF DEATH GE IN YEARS LAST BRI 83 ALTIMORE CITY Q	MONTH DAY THDAY) FUI MONT YRS.	NDER I YEAR IF	HOU F UNDER
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OR OR	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER	P.M.	YEAR	JURY OCCURRED	ENTER NATURE OF INJU	RY IN ITEM 18, PART 1	OR PART 2)	
¥ w	MINJURY OCCURRED WORK NOT WHILE NOT WORK	21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	211 LOCATION STREET	DN .	CITY OR TOV	NN (COUNTY	ST
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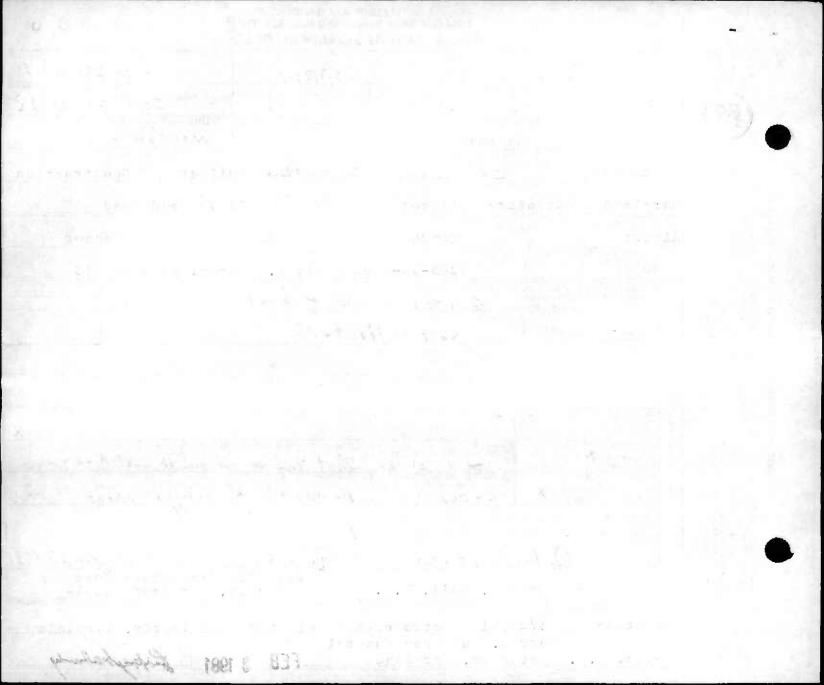
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Pagire dire	at or		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		1 BALTIMORE CITY		DEATH	
Jeann Jeann Jeral	En 2	C	MISSOURI	11 9	. A	WIDOWE	NEVER MARRIED	Manton	10011	Comme	4,000
ter d fun thin	not	10 CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME O	ROTHER INSTITUTION	12ª USUAL OC CUPAT	ON		BUSINESS OR
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within 2 tely fille should I	Nine C	M		GOMERY		RING	YES NO	12605 Eppi	na Road	l	
within stely fill	exa		THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA			LAST	
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exec d co	E		AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT SC	N			LLEL LANE
e be ex an and Pages	the !		NO		495-32-4	1307		OMFORT			PRING MD.
ca	traumatic event,		IE CAUSE OF DEATH (Enter or	ly one couse pe	r line far (a), (b), an	d (ci.)		h / -		APPROXIM BETWEEN O	MATE INTERVAL
certifi g phys n pap remov	atic		PART I. DEATH WAS CAUSE IMMEDIA	E CAUSE (o)	Acute	MOG	ardial in-	larchon			
부 부 양 등	anu		4110	DUE TO, C	OR AS A CONSEQUE	NCE OF	1 .	1			
it the dea the attend move car emation,	er tr		Conditions, if any, which	((b)_	01-10		artend	useuse.			
the the emo			gave rise to immediate cause (a), stating the	DUE TO, C	R AS A CONSEQUE	NCE OF					
ires tha led by the lease re			underlying cause last.	(c)	SIPM	1 _	CHF				
requ requ sen p	>	NO	PART 2 OTHER SIGNIFICANT	ONDITIONS C	ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERA	AINAL DISEASE OR CON	DITION GIVEN	IN PART 1(a	1
ne law r is been nit. The prior t	Ws	CERTIFICATION	198 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	WAS PERFORMED	20e AUTOPSY?		VERE FINDING	
	Sshows	TIFE	1000					YES NOT	YES [NG CAUSES (NO [
CIAN ician iffica insit Hyg	E 0	CER	210 ACCIDENT WAS UNDERLYING			W VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	1 OR PART 2)	
YSICI ohysici certif	or Item	AL	OR CONTRIBUTING CAUSE OF DEA	.,,,	.M. MONTH DA	19					
ENDING PHYSICIAN: or attending physician. SR: After this certificate se as the burial-transit pheath and Mental Hygiel	o pa	MEDICAL	21d. INJURY OCCURRED		OF INJURY	ARM SIC)	21f LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
tend Afte the	marked	Σ	WHILE NOT WHILE AT WORK	(ATTIOME, ST	INTERIOR OFFICE, P	ARM, LTC.)					
or atte OR: A	.92		22th 2 certify that (I) (this hospi			115	181 19		, 19	81 , 1	hat (I) (we) lost
AT AT	m 21		sow the deceased alive on above, (1) (we) (did) (did no	1430	v after death.	3 /, on	d that in (my) (our) opinion	death occurred on the d	ate and hour a	nd from the c	ouses stated
DIRECT Ched for Dept. of	If Item		226. SIGNATURE	1. 0		(DEGREE			22c. DATE S	IGNED
he he	<u>-</u>	-	Inthat	MI			ATTENDING PHYSICIAN	MEDICAL STA		1/1	181
HOSPIT ined by FUNER of the Sta	TAL		224 PHYSICIAN'S NAME (TYPE'C	RPRINT)			22R ADDRESS	1			
TO HOSPIT, retained by t TO FUNER, should be der with the Stat	IMPORTANT:		A. KALDU	N, No	SSULI		11500 01	D GEORGE	TOWN	RD -1	200 Horild
TO reta	2	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. N	AME OF CI	METERY OR CREMATORY	234 LOCATION ST	LOUTS		1014THE A
AD BP		L '	EMTOMBMENT	1/12/	81 DAK	GROV	F MAUSOLFUM	XXXXXXXXXXX	XXXXXXX	XXXXX	ZXXXXXX
DHMH-16	25M	24 FU		CIS J. C	COLLINS SS		25e. DA1	E REC'D. BY REGISTRAR	250. RECOSTRA	RS-SIGNATU	HE and a
(VRA 15, 4		5	00 UNIV BLUD . U			MD 2	0901 1	IN 12 1981	March	7	7

STATE OF MARYLAND

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STATE OF MARYLAND



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove carbanpopers. Pages 1 and 2 should be filled within 72 hawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the

IMPORTANT: If Hem 21 is morked or Item 18 shows ony

be notified of once.

	FOR STATE REGISTRAR		
	I. DECEASED NAME (TYPE OR PRINT) BEA	ethn A.	W/
	FEMALE.	WHIT	rE
1	70. BIRTHPLACE (STATE ORFO	OREIGN 7b. CITIZEN OF	
7	LAKOMA PAN	TH 11. NAME OF H	
-	USUAL RESIDENCE (IF NURSII 130. STATE	NG HOME OF OTH R INSTITUTION,	GIVE 13t.
	14. FATHER'S NAME FIRST JACOB	WIDDIE	
- 7	16a WAS DECEASED EVER II (YES, NO OR UNKNOWN)	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	16b
	PART I. DEATH WA	(Enter only ane cause per AS CAUSED BY: IMMEDIATE CAUSE (a)	line 1-e
	1991	DUE TO, OI	R AS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

						REG.	٧٥.		
I. DE	CEASED NAME FIRST		MIDDLE		LAST	2a. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
(TYPE	OR PRINT)	0		10)				
	DERTH	7 /1	NNA		ook	l	1-16	-81	10 a M
3 SE		4 RACE	10111	5. DATE C		6 AGE (IN YEARS LAST B	(DTMDAY) IF I	UNDER I YEAR	IF UNDER 24 HRS
3 SE	^_	1 RACE		MONTH		MGE (INTERROLASTE		ITHS DAYS	HOURS MIN.
	FEMALE	WHIT	TE			711		INS DATS	HOURS MIN.
	12 111 C/-			AUG	9. 1906	14	YRS.		
70. BI	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIMORE CITY	OR COUNTY OF	DEATH	
	COUNTRY)	.,	A A	MARRIE	D NEVER MARRIED				
	I ENNA	4.	5.14.	WIDOWE	DIVORCED	MON	TEOMER	y	MD.
10 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL NURSIN	G HOME O	R OTHER INSTITUTION	12ª USUAL OCCUPA	TION	12h KIND O	F BUSINESS OR
			H FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST			1 000111200 011
1	Alleman VADL	J. Jack	/	Plus	1/10/ 1/-0	1 langer	AVEC		
14	ACOMA TAVER	11/15/11	ington 1	10000	1751 1654	HOMEM.	a/C/S/C		
	AL RESIDENCE (IF NURSING HOME OF STATE 138 COULT	POTHER INSTITUTION.			AND INTERPRETATION	In CIPET ADDRESS			
130.	DA A	VII	13t. CITY OR TOW	N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS		- 01	2.11
	111). HT	ブルデ ,	FULTO!	V	YES NO	8509 15	EAUI-OKI	VK	CIVE
14. FA	THER'S NAME				15. MOTHER'S MAIDEN NA	ME			
	FIRST	MIDDLE	LAST		FIRST	MIDDLE	-	LAS	ST T
	JACOIT		BITK	ED	DANA		STP	ITZE	=1
14 1		WED CONCECO	10011	L-1	7.474.44	ADDI		1 66	
	WAS DECEASED EVER IN U.S. AF	/E WAR OR DATES)	166 SOCIAL SECU	KILY NO.	17 INFORMANT	ADDI	(E33		
,	No.	E WAR OR DATEST	370 110	-1505	CAROL L.	COOK. 8	CAO RO	AUFOL	- DD
_	140		210-70	7000	Chicot L.	COOK. D	307 00	AUFEL	· (PI-
-	18. CAUSE OF DEATH (Enter of	alv ane rause ner	line for (a) (b) and	1(c))				APPROXI	ONSET AND DEATH
	PART I. DEATH WAS CAUSE	D BY:	11 -	4:0	C. 11 C-11 C-				
		TE CAUSE (a)	120510	cic.	Small Gell Ca	reinomo	_	10	mas
	1661						-		
		DUE TO, O	R AS A CONSEQUE	NCE OF					
	Conditions, if any, which	()							
	gave rise to immediate	(b)							
	cause (o), stating the	DUETO	R AS A CONSEQUE	NCE OF					
	underlying cause last.	1002.0,0	K NO N CONSEGUE	1102 01					
		(c)							
	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COL	NDITION GIVEN	IN PART 10	01
Z	$\bigcirc O_{\alpha}$	1000		1	+ la trois				170
0	Leur	26 (14	100100	1 4	leseciasi?	>			
A	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	ERE FINDIN	VGS USED
υ _υ							IN CERTIFYIN	IG CAUSES	OF DEATH?
E						YES NO	YES		NO [
CERTIFICATION	210. ACCIDENT WAS UNDERLYING	7 ZIb. TIME O	E IN ILIRY		21c. HOW INJURY OCCURE	PED /sugar autum ==	110 V (1) 175 11 10 7 175	1.000.401.01	
	OR CONTRIBUTING TO CAUSE OF DE	110110 4	M. MONTH DA	Y YEAR	The state of the s	(ENIER NATURE OF IN)	UNT IN HEM IS PART	ORPARIZ)	
MEDICAL		1111							
2	(IF EITHER, NOTIFY MEDICAL EXAMINE			19					4-14-
<u>a</u>	21d. INJURY OCCURRED	21e. PLACE			211 LOCATION STREET	CITY OR T	Own	COUNTY	STATE
Σ	WHILE NOT WHILE	(AT HOME, STR	REET, FACTORY, OFFICE, FA	ARM, ETC]	SIREET	CHTOR	OWIN	COOIVII	STATE
	AT WORK AT WORK				,				
	22a.1 certify that (1) (this hasp	ital) attended th	4 deceased from	10	0/13 10 80	to 1/1/6	10	87	that (I) (we) last
	sow the deceased alive on	111	101		La contract of the second				
	obove, (I) (we) (did) (did no		ofter death	, ar	nd that in (my) (aur) apinion (death occurred an the	date and hour ar	id from the	couses stated
177	276 SIGNATURE		and death.		DEGREE	-		224 DATE	SIGNED
	1 /2	1 5/1	1	MA 1		. Marcu cr		1710	510.10
	MYDENI LX	Fresh	1	111.0	ATTENDING PHYSICIAN P	DIRECTOR PHYS	AFF	1//6	0/8/
1	THE BUYER WATER NAME	11	1	, ,		DIVECTOR THIS	C1714 []	1/	1-1
(23E PHYSICIAN'S NAME (1996)	M PRINT)			22e ADDRESS				
-	TACCOLL	Same	1 70						
	JUSEPIT	211/14	JA			Artist Co.			
23o. E	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION			
				1		The second secon		saled tel States	Contract Con

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician

23c. NAME OF CEMETERY OR CREMATORY

23 d. LOCATION

COUNTY

A - 1100 THE SE American State of Sta The same with the same of the Marine Transaction and garage adjusted with the 35 TK 62 2015 The transfer of the second sec And the second of the second o JUZZLUT ZALIZH JE The wind of the state and Come of the state completely filled in by the funeral director, page 3 s 1 and 2 should be filed within 72 hours offer death

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njury, or other troumotic event, the

should be detoched for use as the buriol-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, After this certificate has been

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

2

FOR STATE REGISTRAR		DEPA	ARTMENT OF HEALTH AND MENTAL P CERTIFICATE OF DEATH	HYGIENE 8 1 U Z	5 8 8
I. DECEASED NAM	E FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 2b. HOUR
(TIPE OR PRINT)	Leoma	Iva	Cook	January 6, 1981	2:41p M
SEX		4 RACE	5. DATE OF BIRTH		INDER I YEAR IF UNDER 24 HRS
Female	2	White	Sept. 18,1904	76 YRS.	THS DAYS HOURS MIN
To. BIRTHPLACE IS	TATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	TRY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF	DEATH
Indian	a	USA	WIDOWED TO DIVORCED	M	MD
Olney	OF DEATH	(IF NOT IN SUCH FACILITY, GIVE S	RSING HOME OR OTHER INSTITUTION INFERT ADDRESS) INCREMENTAL INCREMENTAL		12b. KIND OF BUSINESS OR INDUSTRY Office
	139 CON	OTHER INSTITUTION, GIVE RESIDENCE E	BEFORE ADMISSION)		
4 FATHER'S NAM	E		15 MOTHER'S MAIDEN	NAME	76
Calarin	Wright	MIDDLE	P o w t h o	WIDDLE	LAST
	DEVER IN U.S. AR	MED FORCES? 166 SOCIALS	Bertha SECURITY NO. 17, INFORMANT 22	05 Agentûrîne Lan	cello
YES, NO OR UNKN		WAR OR DATES)		rcian(Daughter)	le S.S.Ma.
	if ony, which to immediate stating the cause last	and the same of th	EQUENCE OF LEASENIE Strong EDURICE OF MUSICALALL IN	Specter	1/5
	TER SIGNIFICANT O	CONDITIONS CONTRIBUTING	TO DE BUT NOT RELATED TO THE T	MIN AL DISEASE OR CONDITION GIVEN	IN PART Tro
THICAT	OPERATION	196 CONDITION FOR WE	HICH OPERATION WAS PERFORMED		ERE FINDINGS USED IG CAUSES OF DEATH?
OR CONTRIBUT	WAS UNDERLYING [ING [CAYSE OF DEA IFY MEDICAL CAMINER)			CURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I	OR PART 2)
WHILE AT WORK	OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.) 216 LOCATION STREET	CITY OR TOWN (COUNTY STATE
sow the	deceased alive on	t) view the body ofter death.	Δ.	ion death occurred on the date and hour one	that (I) (we) lost d from the couses stated
22h SIGNAT		337,5112,300111.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
/	AN'S NAME (TYPE O		22e ADDRESS		
Dr.	Schoen	igold	ISIII Pr	.Philip Dr.Olney	Md.

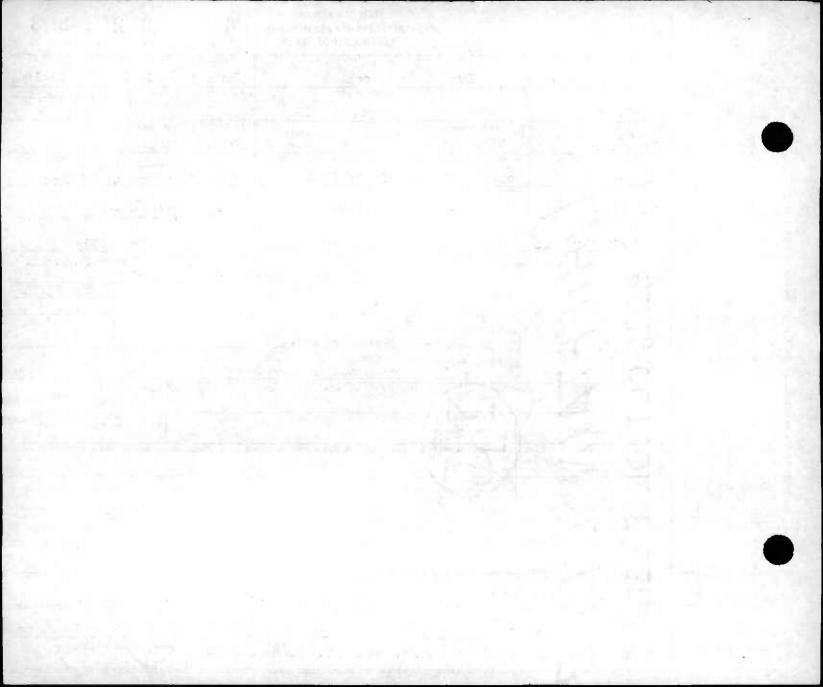
TO FUNERAL DIRECTOR:

DHMH - 16 50M 1/76 (VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL BUTIAL 23b. DATE 1/10/81 ^{24. FUNERAL DIRECTOR} Hinhes/Rinaldi F.H.11800°™.H.Ave.S.S.Md

23c. NAME OF CEMETERY OR CREMATORY High Land Lawn

18111 Pr. Philip Dr. Olney, Md. 23d. LOCATION CITY OR TOWN Terre Haute Vigo Indiana



STATE OF MARYLAND

And the second s

Burial [1-30-1] Penter ille Center Johnstill Street (August 1981) 200 (August 1981)

SI., BALIMOKE, MAKTLAND 21201	irtificate be executed within 24 hours after
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after retained by the hospital or attending physician.
	TO HOSPITAL OR ATT

BP. DHMH-16 30M 2/80 (VRA 15, 4)

DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE	3	REG. N	0	2	3	9	0
J.	COONEY			DEATH uary	21	198:	YEAR	26. HOI	17 I
	5. DATE OF BIRTH	6. AGE	{IN Y	EARS LAST BI	RTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
aucasian	Sept. 24 1930	50			YRS.	MONTHS	DAYS	HOURS	MIN.
ZEN OF WHAT COUNTRY?	MARRIED A NEVER MARRIED WIDOWED DIVORCED			RECITY O	R COUNT	Y OF DE	ATH		M

		REGISTRAR				FICATE OF DEATH	REG. N			
		CEASED NAME FIRST	ohn	J.	COON	NEY	January	21	1981	26. HOU
	3. SE	×	4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BE	RTHDAY}	IF UNDER 1 YEAR	IF UNDER 2
1		Male	Caucas	sian	Sept	t. 24° 1930°	50	YRS.	MONTHS: DAYS	HOURS
y)		IRTHPLACE (STATE OR FOREIGN COUNTRY) New York	76 CITIZEN OF W	VHAT COUNTRY?	8 MARRIE WIDOWE	ED NEVER MARRIED	9 BALTIMORE CITY O		Y OF DEATH	
27		Bethesda	11. NAME OF H	OSPITAL, NURSINI FACILITY, GIVE STREET A L Naval	IG HOME C	or other institution cal Center	12g. USUAL OCCUPAT (TYPE OF WORK FOR MOST C U. S. Nav	ON OF WORKING L	176 KIND C INDUSTRY	F BUSINES
eq 25	130 Ma	AL RESIDENCE IN NURSING HOLESTATE	OUNIY George	Seabrook	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 9616 Van 1	Buren	Street	
O Semine	14. F/	Joseph	Vincent	Cooney		15. MOTHER'S MAIDEN NA Madelline			orlough ^{as}	it
dicol	16a. \	WAS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SECUI		17. INFORMANT	ADDR			
T ae	Ye	19	48-68	131 22 4	+202	Mrs. Marilyr	T. Cooney	See	item 13	3
or other trau		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR	AS A CONSEQUE	ENCE OF					
y injury, ar other trau	TION	gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR (c) NT CONDITIONS CO	NTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM				
nows any injury, ar ather trau	RTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICA	DUE TO, OR (c) NT CONDITIONS CO	NTRIBUTING TO D	DEATH BUT	DN WAS PERFORMED	200 AUTOPSY? YES 🔀 NO	20b. IF YE IN CERTI	ES, WERE FINDING CAUSES	NGS USED
item 18 shows ony injury, ar ather trau	CAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR (c) 19b. CONDIT 19b. CONDIT 3	NTRIBUTING TO D	OEATH BUT		200 AUTOPSY? YES 🔀 NO	20b. IF YE IN CERTI	ES, WERE FINDING CAUSES	NGS USED OF DEATH
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Item 18 shows ony injury, ar		gove rise to immediate cause (a), stating the underlying cause lost part 2. OTHER SIGNIFICAL 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (HE EITHER NOTHEY MEDICAL EXAMPLE AT WORK NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this heart cause of the control of the contro	DUE TO, OR (c) NT CONDITIONS CO 19b. CONDIT 19b. CONDITION 19	NTRIBUTING TO D	OPERATIO AY YEAR 19 ARM, ETC.)	21c. HOW INJURY OCCURI	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR IC.	20b. IF YE IN CERTI	ES, WERE FINDING CAUSES (ES X) PART 1 OR PART 2) COUNTY	NGS USED OF DEATH NO
iem 21 is marked ar Ibem 18 shows ony injury, ar		gove rise to immediate cause (a), stating the underlying cause lost part 2. OTHER SIGNIFICA 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE CONTRIBUTING CAUSE CONTRIBUTING CAUSE CONTRIBUTING CAUSE CONTRIBUTION CO	DUE TO, OR (c) NT CONDITIONS CO 19b. CONDIT 19b. COND	NTRIBUTING TO D	OPERATIO AY YEAR 19 ARM. ETC.) Fatt. 2	21c. HOW INJURY OCCURION STREET 21f. LOCATION STREET 2	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR IC.	20b. IF YE IN CERTI Y PARY IN ITEM 18	ES, WERE FINDING CAUSES (ES X) PART 1 OR PART 2) COUNTY 19 21c. DATE	NGS USED OF DEATH NO st
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JANES 1881 Ret JANES

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deaths. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fund in Probational Control of Should be detached for use as the burial-transit permit. Then please remove carbon paper. Pager 1 and 2 thought in Illustration 2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner may be a process.
•	TO HOSPITAL SIR A	TO FUNERAL DIREC should be detached for with the State Dept. of	IMPORTANT: If Item

	FOR STATE REGISTRAR		DEPARTA	CERTIF	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		2 3	9 1
m c	1. DECEASED NAME ITYPE OR PRINT)	FRST	MIDDLE		AŠT		NONTH DAY	YEAR	26. HOUR
page r deat	3 SEX	ATRICI		5 DATE O	F BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF U	NDER I YEAR	S - PA
a sfte	Female	C	aucasian	Ma;	y 3° 1941	39	YRS.		HOURS MIN
72 house	70. BIRTHPLACE (STATE COUNTRY) Wash	DC 1	J.S.A.	MARRIED WIDOWE	NEVER MARRIED	Montgo		DEATH	M
M	Takoma P	DEATH 11.	NAME OF HOSPITAL, NURSIN WASIA. ACVOIL	GHOME O	ROTHER INSTITUTION	120 USUAL OCCUPATH OF LOW NOT HOW TO THE LIVE BLUCH	ON F WORKING LIFE)	126. KIND O	F BUSINESS OR
BY BY	USUAL RESIDENCE INFO	Pr. Ge	R INSTITUTION, GIVE RESIDENCE BEFORE 132 CITY OR TOW BOWLE	ADMISSION) N	YEST NO	13. STREET ADDRESS 3500 - M	oylan	Dri	ve
nd 2 sho	14 FATHER'S NAME FIRST Edwa:	rd Middle	Grim Crim		15 MOTHER'S MAIDEN NAME FINST Trene	WIDOLE	P	ace las	τ
Pages 1	160 WAS DECEASED EV (YES, NO OR UNKNOWN)				Douglas C	.Cooper (:		addr	ess)
physical papers emovatic emovatic	18 CAUSE OF DE PART I. DEATH	ATH (Enter only or I WAS CAUSED BY			rolyte Im	sband)		BETWEEN	MATE INTERVAL ONSET AND DEATH
attending ove carbon lation, or r her trauma	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate (b) DIATTHEA Severe							(c,	ikek.
hed by the lease rem urial, cren ury, or ot	cause (a), str underlying ca	couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITION'S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3 (a)							
en sigr Then p r to bi		CU AR	DYSTRUPY:			my ECARDIA		URE	31
te has be permit. Tiene prio	190 DATE OF OPE		196 CONDITION FOR WHICH		N WAS PERFORMED	100 AUTOPSY?	200. IF YES, WIN CERTIFYIN	ERE FINDING CAUSES	
certifica al-transit intal Hyg r I tem 18		CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DA	YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	OR PART 2)	
After this the burial hand Mer	(# EITHER, NOT #Y ME 21d INJURY OCC WHILE NO AT WORK	URRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.		211 LOCATION STREET	CITY OR TOW	/N	COUNTY	STATE
or use as of Health m 21 is n	sow the dece	osed alive on	ottended the deceased from		d that in (my) (our) opinion o				that (1) (we) last causes stated
AL DIRE etached f ate Dept. (T: If Ite	228. SIGNATURE	bent	Gerura	M	DEGREE ATTENDING PHYSICIAN &	MEDICAL STAF	F IAN []	22c. DATE	SIGNED &
TO FUNER, should be de with the Sta	Robi	NAME (TYPE OR PRIN	ERWIN MC)_	6525 Beleve			, Mu	20782
T win	230 BURIAL, CREMATIC (SPECIF Buria	1	1/21/1981 F	t.Li	emetery or crematory nooln Com.	Brentwo	od Pro	Weo.	Mare.
HMH-16 25M RA 15, 4) 1/79	24 FUNERAL DIRECTOR	Nalley	's F.H. ADDRESS M.	It.Ra Md.	inier, "JAN	26 1981	256 REGISTRAF	XCC.	URE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical-axam

er must be notified

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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IÈ	0	E	Q	lies	0	1	d'a

1.	FOR STATE REGISTRAR		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	02392
(TYPE	ECEASED NAME BIRST BELLE	Cort	bett .	2a. DATE OF DEATH	MONTH DAY YEAR 26 HOUR 4 15 AM
3. SE	emple Ch	S. DATE O MONTH AUCASIAN N OF WHAT COUNTRY? 8.	13 1844	6 AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS MIN. YRS. R COUNTY OF DEATH
K	lew York ny	.S.Q. MARRIED		Mont	gomery MD.
10. €		E OF HOSPITAL, NURSING HOME OF INSUCH FACILITY, GIVE STREET ADDRESS) CBREW HOM		(TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY
130. M	ALRESIDENCE (IF NURSING HOME OR OTHER INSTITUTED IN THE STATE IN THE S	TUTION, GIVE RESIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS	NT hose Rd
14. F/	ATHER'S NAME FIRST MIDDLE WINK	ABelow	15. MOTHER'S MAIDEN NAM	WE	new
16a \	WAS DECEASED EVER IN U.S. ARMED FORCE (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATE (YES, NO OR UNKNOWN)	CES? 16b. SOCIAL SECURITY NO.	17. INFORMANT	RABIN	
	18 CAUSE OF DEATH lEnter only one coupart I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE	ise per line for (a), (b), and (c).)	INFAR	CTS	Bethesda Md APPROXIMATE INTERVAL BETWEEN CHISET AND DEATH 3 DAYS
	Conditions, if ony, which gove rise to immediate	TO, OR AS A CONSEQUENCE OF (b) CEREBRA TO, OR AS A CONSEQUENCE OF	THRO	MBOSES	
TION	PART 2 OTHER SIGNIFICANT CONDITION DEMEN	T / A CONDITION FOR WHICH OPERATION		INAL DISEASE OR CONI	DITION GIVEN IN PART 1(0) 200. IF YES, WERE FINDINGS USED
CERTIFICATION	19a DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION	A MAS PERFORMED	YES NO	M CERTIFYING CAUSES OF DEATH? YES NO NO
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH HOL	IME OF INJURY JR. A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	IY IN ΠΕΜ 18, PART 1 OR PART 2}
MED	WHILE AT WORK AT WORK	LACE OF INJURY OME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	VN COUNTY STATE
	22a. I certify that (I) (this haspital) attends sow the deceased alive on above, (I) (we) (did) (did not) view the 22b. SIGNATURE	body offer death.	d that in (my) (our) opinion of	deoth occurred on the do	ope and hour and from the causes stated 22c DATE SIGNED
	22d. PHYSICIAN'S NAME (TYPE OR PRINT)	PATEL M	PHYSICIAN [DIRECTOR PHYSIC	SE RD, Rockylle Md.
230 P	BURIAL, CREMATION, REMOVAL 336. DA	. Daller 10.	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	nch TAIRFAX VA
24 F	UNERAL DIRECTOR C.W.C.LomBens	3:14er Sx 6	Georgia 250 DATE	2 6 1981 TRAN	25 REGISTRAR STREET URE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter the restriction by the hospital or attending physician. DHMH - 16 50M 7/77 (VR A 15 (4))

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Silver Spring, Maryland

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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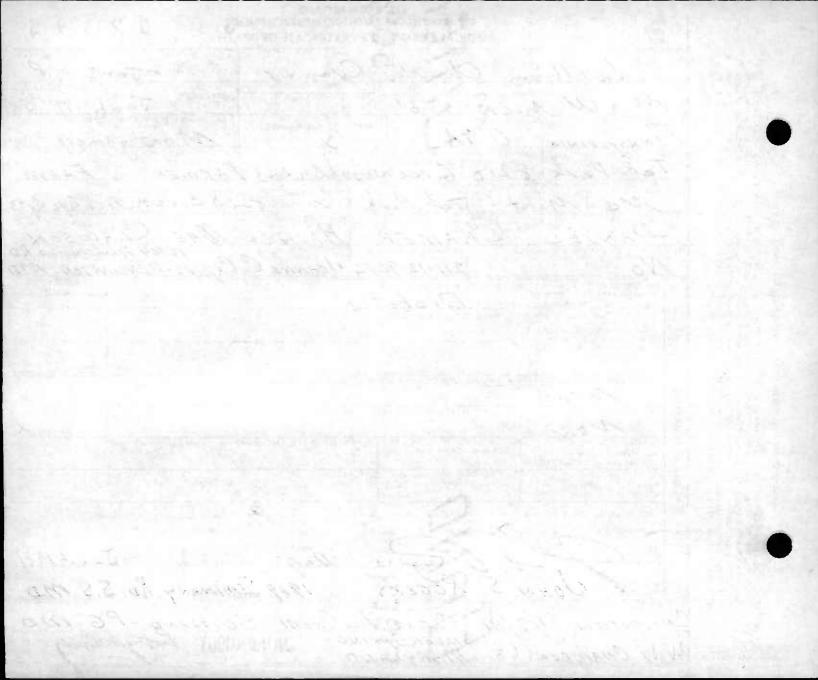
Chambers Funeral Home



STATE OF MARYLAND

to Contract S & 1 & Local Super en et al entremand Mario Hichael Costantini 1-19-81 El a Line of the state of the s n meditort. 1. S. 1. . 3.00% miora Part. Washington Advantist Hospital Edetal Cownagned Lotter Maryland. Frince Sec. Systemilie + 5402 14 eb. ve. Systemille Sale Indiana Contant: Crastina E (of) first more " marrall

			OR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE)	
+		1-	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	3 7 5
	1000		EASED NAME HELD CHERT	Charles Cramer DEATH MATED STON	Y YEAR 26. HOUR
	10000	1. SEX	M W MZE	1. 15, 19 6 YRS DEAD Tens	10 87 18 M
		2	THE ACE ITEMS TO CITIZES	ZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED NOT BATTIMORE CITY OF COUNTY OF	MD.
	TO THE TO THE PAGE S. 301		Tak. Perk 8	OT IN SUCH PACILITY, GIVEN REET ADDRESS) POR MOST OF WORKING LIFE) FOR MOST OF WORKING LIFE)	FARM
	RETAIN E	USUA 13a. S	RESIDENCE (IF IN NURSING HOME OR OTHER INSTI		I Ave Apt
	MD. STH.		THER'S NAME MIDDLE	CRAMER BACHEL MAE CLA	W50K
	BALTIMORE, URS AFTER DE B. GIVE PAGE WITH FORM PAGES I AN DIVISION OE		(AS DECEASED EVER IN U.S. ARMED FORCE	16b. SOCIAL SECURITY NO. 17. INFORMANT C. CAPIES - KENSING	TON-MZ
	STON ST., HIN 24 HOL IN ITEM 18 R ALONG SIT PERMIT. HYGIENE, E /AL.		Canditians, if any, which	use per line for (a), (b), and (c).)	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
	XECUTED V. C. IN PENA CAL EXAMI BURIAL-TR AND MENI	7	cause (a) stating the <u>under-lying cause last.</u> (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	(c)	
	AL RECORDS, OULD BE EXE OULD BE EXE OUTHER MEDING, USED AS A B F HEALTH AN CREMATION	CERTIFICATION	190 DATE OF OPERATION 196.	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	AUTOPSY?
	ATE SHOULD WORD "PEI CHIEF I'D BE USED LENT OF HE/BURIAL, CRE	TIFIC	None		YES NO
	ON THE HOUNT THE	MEDICAL CE	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	P.M. 19 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
	WAN WATER	MED		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY	STATE
	XAMINER ERTIFICATED BE FOUNTH THE		22a. I certify that I taak charge of the ren death resulted fram: Natural causes	Accident . Suicide . Hamicide . Undetermined manner ., TITLE (SPECIFY) DATE	en.6/98/
	TO MEDICAL & EXECUTE THE OPAGE & SHOUT TO FUNERAL DAFTER DEATH, BALTIMORE, MA		EXAMINE TAME JOHN	5. ROGERS ADDRESS 1919 SEMINARY RD-S.	5.MD.
75.		2300	URIAL, CREMATION, REMOVAL 23b. DATE	234. NAME OF CEMETERY OF CREMATORY 234. LOCATION COUPLED	5-m0
190	DHMH · 17 (VR A15 ME (5)) 15M 7/76	24. F	INERAL DIRECTOR	DORESS SILVERS PRING 250. DATE RECP. BY REGISTAR 2000. MARYLAND	Crosty
	13/11//10	-		- Comment of the comm	



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OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the hospital or attending physician

the ottending physician and completely filled in by the funeral director remove corbonpopers. Pages 1 and 2 shauld be filed within 72 haurs af

notified

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicia should be detached for use as the burial-transit permit. Then please remove corbonpopers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

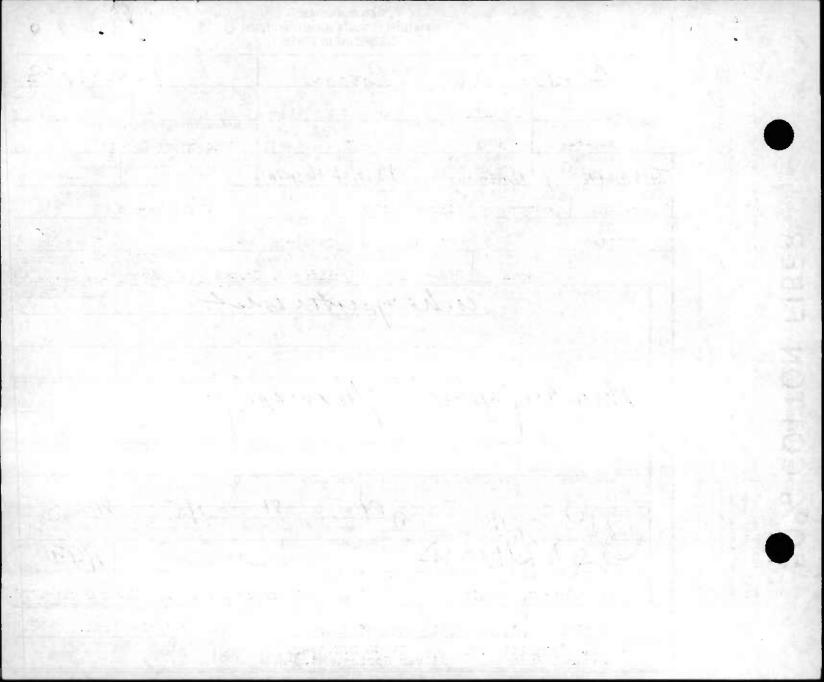
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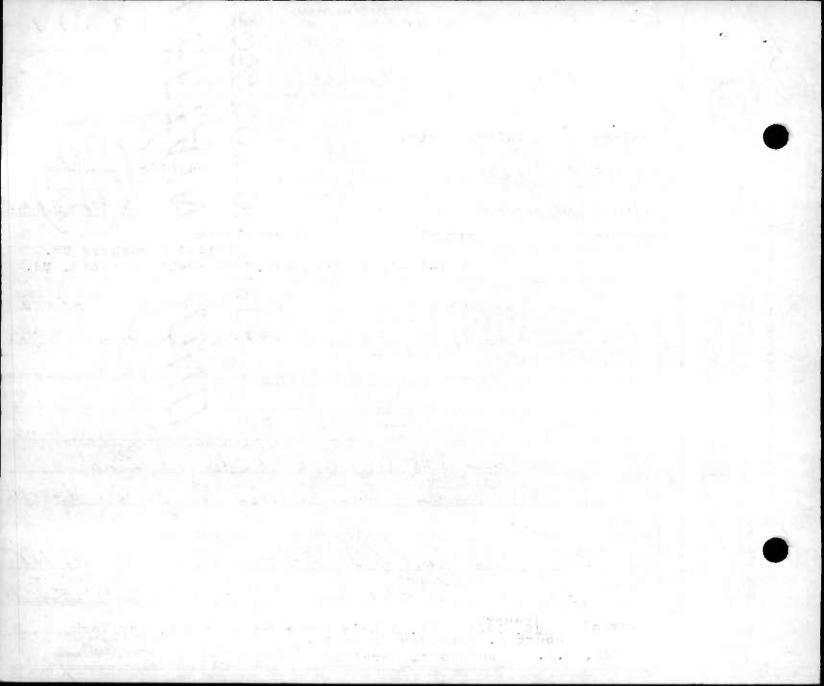
250. DATE REC'D. BY REGISTRATES PEGISTRAP'S SIGNATURE

1	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	O.		•
(TYP	CEASED NAME E OR PRINT)	adu:	5	WIDDLE	Ci	7055E		MONTH DAY	-8110	HOUR 20 A M
3. SE	Х	/ 4	. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY] IF UN		UNDER 24 HRS
	Female		Jamai	can	March	n 4 1914	66	YRS.		
	IRTHPLACE (STATE OR COUNTRY)	FOREIGN 7	b. CITIZEN OF	WHAT COUNT	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF	DEATH	
	Jamaio	a	USA		WIDOWE		Montgome	ry Count	v	MD.
10 C	ITY OR TOWN OF DEA		1. NAME OF		RSING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION I	26. KIND OF BL	
TH	KomaPK		WAShi	ngton	adven	Hist Hospita	Housewi		NDUSTRY Hot	me
130.	AL RESIDENCE (IF NUR!	136 COUNT	THER INSTITUTION,	13c. CITY OR T	OWN	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS			
1	Maryland	Mont	gomery		r Spring		8618 11th.	Avenue		
14. F	ATHER'S NAME					15. MOTHER'S MAIDEN N				
	William	M	IDDLE	Wilso	0.70	Catherin	WIDDLE		Thomp	con
16n \	WAS DECEASED EVER	IN II S ARM	ED FORCES?		ECURITY NO.	17 INFORMANT (SO		ESS 5614 6		
	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	No. of the last			•			
	No	N	one	563-8	8-1015	Wycliffe G.	Crosse	Riverda	ale, Md	Control of the Contro
CERTIFICATION	gave rise to im- couse (o.), stotin underlying cause PART HER SIGN	last.	DUE TO, OF	NTRIBUTING		NAT RELATED TO THE TEN	RMINAL ISEASE OR CON	ATTAMOS SADES DE	N PART 1(a)	USED
RTIFIC			1'	Old Carlotte	,	0	YEVO NOO	IN CERTIFYING	G CAUSES OF I	DEATH?
S	ZIR, ACCIDENT WAS UN OR CONTRIBUTING	Trease.	HOUR A		DAY YEAR	THE HOW INJURY OCCU	JRRED (ENTER HATURE OF INJU	RY IN TEM 18 FART 1	OK PART 2)	
MEDICAL	(# EITHER, NOTEY MEDI		P.	M.	19					
ED	214 INJURY OCCUR	RED	21e PLACE	OF INJURY		HE LOCATION	CITY OF TO	two	COUNTY	STATE
Σ	AT WORK D NOT WE	rai []	1.41 HOVE 319	ELT, PROTORY, GOV	ALE, PARKE, ETC. 2	1 - 0	n /-			21777.0
	22a.1 certify inat(1)	his haspita	(1) attended the	e deceased fro	m a 1 1	10 8	1 1/5	19_	17 that	(New last
1	oboy, (I) we) (ed oliver on			y, or		n death occurred on the d	ate and hour on		
	27 SIGNATURE	NA	UN	NA	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DAJE SIGI	ALED 1
	22d. PHYSICIAN'S N	AME (TYPE OR	PRINT)			22e. ADDRESS				
			. Denni				sity Blvd. E	., Silve	er Spri	ng, Md
	BURIAL, CREMATION, (SPECIFY)		23b. DATE			EMETERY OR CREMATORY		co	PUNTY	STATE
	Buri	al a	Jan. 9	,1981	Gate o	f Heaven	Silver	Spring	Mont.	Md.

ADDRESS 11800 N.H.Ave. AN 9

DHMH-16 30M 2/80 (VRA 15, 4) 74 FUNERAL DIRECTOR
NAME Hines/Rinaldi
Funeral Home





DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

within 24 haurs after death. Page 4 may, be

completely filled in by the funeral director, p s 1-and 2 shauld be filed within 72 hours ofter

in has been signed by the attending physician and camplete in permit Then please remave carbanpapers. Pages 1-and 2

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MPORTANT, if them 21 is morked or stempt 8

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2

	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG	REG. NO	0 2	. 3	9 8	3
	1. DECEASED NAME FIRST	,	MIDDLE	i	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR	
	FALL	-15	V.	D	EAN	Janua			8:00	14(
	3 SEX	4 RACE		5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF U	THS DAYS	HOURS /	MIN
	Female	Whit	-	Au	g. 25,1891	89	YRS			
-	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY O				
1	Virginia O CITY OR TOWN OF DEATH		OSPITAL NURSIN	WIDOWE G HOME C	DROTHER INSTITUTION	Montg	omery C		F BUSINESS	MD.
	Gaithersburg	7918	Rocky Ros	ad		(TYPE OF WORK FOR MOST OF Housewi	F WORKING LIFE)	INDUSTRY		
1			134 CITY OR TOWN Gaither:	٧.	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 7918 Ros	cky Roa	d		
	FATHER'S NAME FIRST	MIDDLE	Morris		15 MOTHER'S MAIDENNA FIRST Ada	WE WIDDLE		Geer	51	
	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE	SS			
	No		227-28-96	588	Bernice 0	.Collins,	Item 1		IMATE INTERVA	
		DUE TO G	ONTRIBUTING TO D		CEROS/S	AINAL DISEASE OR CON		IN PART 10	D)	
9	Q IN DATE OF OPERATION			DPERATIO	N WAS PERFORMED	No AUTOPST	18h IF YES, W	ERE FINDS	NGS USED	_
	E C	0.01.00 0.00.00	10-10-10-10-10-10-10-10-10-10-10-10-10-1			YES TO NOTES	IN CERTIFYIN			7
	THE DATE OF OPERATION 196. DATE OF OPERATION 210. ACCREMIT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 196. ERIBER HOTHER MEDICAL FRAMI 214. INJURY OCCURRED.	DEATH HOUR A.	m, month da m	y YEAR 19	TIL HOW INJURY OCCUR	-		OFFMIT2)		
	YIL INJURY OCCURRED WORLD NOT WHILE AT WORLD AT WORLD	(AT HOME, STE	OF INJURY EET, FACTORY, OPFICE, FA	MM, ETC.)	ZIF LOCATION	CITY OR TOW	thi.	COUNTY	\$7x15	E
	22m1 certify that II this h	9124	e deceased from	JA	y 30 10 7	2 to JAA	19_ ste and hour an	81 ed from the	tho (1) On) last
)	(Son la	P	offer death.	5 >	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		THE DATE	0/8	7
	TO PHYSICIAN'S NAME IT	P. LE	WIS M	0	OLN E	1234 TOCATION	020	93 3	2	
1	73s BURIAL CREMATION, REMOV	AL 736 DATE	4.01 PM	WHE CL C	EMETERY OR CREMATORY	City on town	1000	THE PERSON	STATE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital

> DHMH - 16 50M 1/76 (VR A 15 (4))

Cremation

Jan. 12, 1981

Westview

Maryland

24. FUNERAL DIRECTOR

NAME Olin L. Molesworth, P. A., Damascus, Md.

Baltimore,

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CONTROL OF THE WARCHES, ACT W. PREST OF ST., BANTIMORE, MARIEMAN ALLEGA	TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer, life on page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within a human the death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be not then it at the
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE		- december	()	2	3	9	9
CERTIFICATE OF DEATH		REG. I	10.					
LAST 20	DATE OF	DEATH	MONTH	DAY	Y	EAR	2b. HOU	JR .

XX	1 -	FOR STATE REGISTRAR	DEPART		ALTH AND MENTAL HYG	IENE 8 1 REG. NO.	0 2 3	9 9
page 3		CEASED NAME PRIST OR PRINT!	RACE	DE AS S DATE OF MONTH	1Aio	20. DATE OF DEATH MONTH 20. DATE OF DEATH MON	DAY YEAR IF UNDER 1 YEAR MONTHS DAYS	2b. HOUR 2/, 20A M IF UNDER 24 HRS HOURS MIN
(M)	C	Warr york	CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWED		Montgon	en.	MD.
filed within	A) SU	have thase	NAME OF HOSPITAL, NURSING	ADDRESS)		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	1 12b. KIND O INDUSTRY	duny
should be	13e. S	THER'S NAME	nlymery Chery Ch	idel 1	34 INSIDE CITY LIMITS? YES NO 1	130. STREET ADDRESS 7420 Wastern	are Chery	Chaso.
and complete	160 V	FIRST MI WENZO K VAS DECEASED EVER IN U.S. ARM 185, NO OR UNKNOWN) 1 18 YES, GIVE W		D JRITY NO. I	THERES INFORMANT (WIF	-	RISC	ITILLO
hysician ar apers. Page noval. c event, thr		Zes Wn	one cause per line for (a) (b), on	-4428 dicin	ESTELLE	DEMA10 742	APPROXI BETWEEN	HATE INTERVAL DINSET AND DEATH
ned by the attending p blease remove carbon p urial, cremation, or ree ury, or other traumati		Conditions, if any, which gave rise to immediate cause and stating the underlying cause last	DUE TO, OR AS A CONSEQUI	ENCE OF	ton pl	ralizes) bras scleros	2h	monch.
te has been signermit. Then pene prior to be shows any inj	TIFICATION	PART 2 OTHER SIGNIFICANT CO	196 CONDITION FOR WHICH			20a AUTOPSY? [20b. II	F YES, WERE FINDIN ERTIFYING CAUSES YES	4GS USED
is certificat ial-transit plental Hygi or Item 18	CAL CERT	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.	AY YEAR 19		RED (ENTER NATURE OF INJURY IN ITEA		
as the bur sith and N smarked	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.}	CIT LOCATION STREET	CITY OR TOWN	COUNTY	STATE
AL DIRECTOR erached for use are Dept. of Hea VT: If Item 21 is		22e.1 certify that (I) (this hospital sow the deceased alive on above. (I) Like (did) (did act) 22b. SIGNATURE	11.		GREE ATTENDING	deoth occurred on the date and	hour and from the	
TO FUNERAL should be deta with the State IMPORTANT:		724 PHYSICIAN'S NAME (TYPE OR P	PATTEN	(41)	1407 Not	doube Choken	as Selve	Spen M
- 0 3 -	23e E	Burial Burial	1-31-1981 Ga		Heaven	23d LOCATION CITY OR TOWN Sil Sprin	COUNTY	1 May 1
HMH-16 25M (A 15, 4) 1/79	24 Fq	Varineroe. Pump 434 Ga. Ave.,	phrey, Incress,	eille	(have B	REC'D BY BEGISTRAR 251, RE	g Montag	omery N

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DIRECTOR hospitol

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 2n DATE OF DEATH MONTH (TYPE OR PRINT) SUCHA 1981 S. DHILLON January 16. 3. SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH Male Caucasian December 15,1889 91 TO BIRTHPLACE (STATE OR FOREIGN JALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) India India Montgomery WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 401 Winnepeg Rd. CIVIL Service 6401 Bethesda USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 1130. COUNTY 1130. CITY OR TOWN 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 6401 Winnepeg Rd. Maryland Montgomery ethesda YES X NO [4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME S. Dhillon Amrik Not Available 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) availab No Pharam P.S. Dhillon Same as 13 18. CAUSE OF DEATH (Enter only one cause per line for (a) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/01 CERTIFICATION 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NMX 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION

2b. HOUR

12b. KIND OF BUSINESS OR INDUSTRY GOY t. of India

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224 DATE SIGNE

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that in (my) (our) opinion death occurred an the date and hour and from the couses stated

DIRECTOR PHYSICIAN

MEDICAL

IF UNDER 24 HRS

*TO FUNERAL DIRECT should be detached for with the State Dept. o MPORTANT. Saul Zukerman Connecticut Ave., N.W. 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Cremation Metropolitan Crematory Alexandria, Virginia Pumphrey Funeral 250 DATE REC'D. BY REGISTRAR 256. RECILIAN S SIGN JURGE S da. Maryland JAN 21 198 24 FUNERAL DIRECTOR Robert DHMH-16 30M 2/80 Bethesda, Maryland (VRA 15, 4) Homes, P.A.

DEGREE

ATTENDING

PHYSICIAN

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

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		CEASED NAME FIRST E OR PRINT) MARGA	ARET L.	DICK	AST	26. DATE OF DEATH MONT	- 11 - 8 /	26 HOUR 4.45PM
10	3 SE		NHITE	5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR MONTHS DAYS VRS.	IF UNDER 24 HRS. HOURS MIN.
45	1	IRTHPLACE (STATE OR FOREIGN COUNTRY) ENNSYL VANIA	76. CITIZEN OF WHAT COUN	TRY? 8 MARRIED WIDOWEI	□ NEVER MARRIED □	9. BALTIMORE CITY OR CO	UNTY OF DEATH	TY, MD.
68	10. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S IFOLY CROS	STREET ADDRESS)	ROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Housewife	126. KIND C INDUSTRY	
335	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE E	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	136 STREET ADDRESS 3853 Wendy I	Lane	
SC examine		Andrew Røb		bbins	15. MOTHER'S MAIDEN NA Susan	P.	Zimmer	man
medical /			E WAR OR DATES)	4-5647	Ruth B. L	u) 70/90RTar acey-Silver	nley Roa Spring,	
or other troumatic event, t		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSE) Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	D BY:	EQUENCE OF P	panesar I vena cara	weth motosta	is On	MATE INTERVAL ONSET AND DEATH
aws any injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICANT O Depletes 19a DATE OF OPERATION	ONDITIONS CONTRIBUTING	trischer	tic least dis	20a AUTOPSY? 20b.	IF YES, WERE FINDING CAUSES YES	NGS USED
ed or Item 18 sho	MEDICAL CER	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA IT FETTHER, NOTIFY MEDICAL EXAMINER: 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	HOUR A.M. MONTH	19	21f. HOW INJURY OCCUR 21f. LOCATION STREET	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2) COUNTY	STATE
n 21 is mork		22a.1 certify that (I) (this heaper saw the deceased alive on above, (I) (we) (did) (did are		19 .8 /, an		deoth occurred on the date ar		
ANT: # Item		22b. SIGNATURE ALL 22d. PHYSICIAN'S NAME (TYPE OF	4. Traum	M	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	Tanua	ry 11 1981
MPORTA		AARON H	TRAVIM MO		8915 Georg	ia Ade Silver	foring, Md	20910

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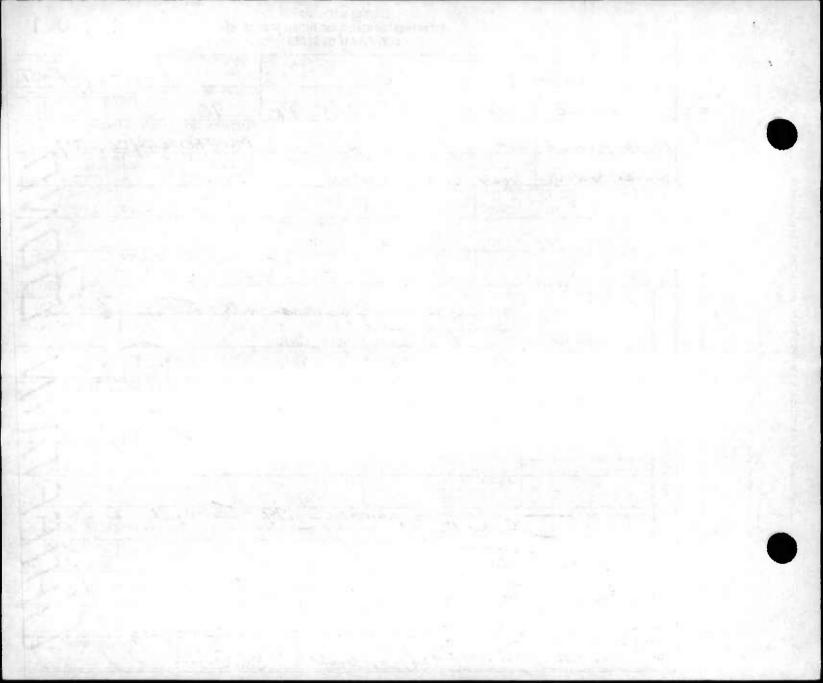
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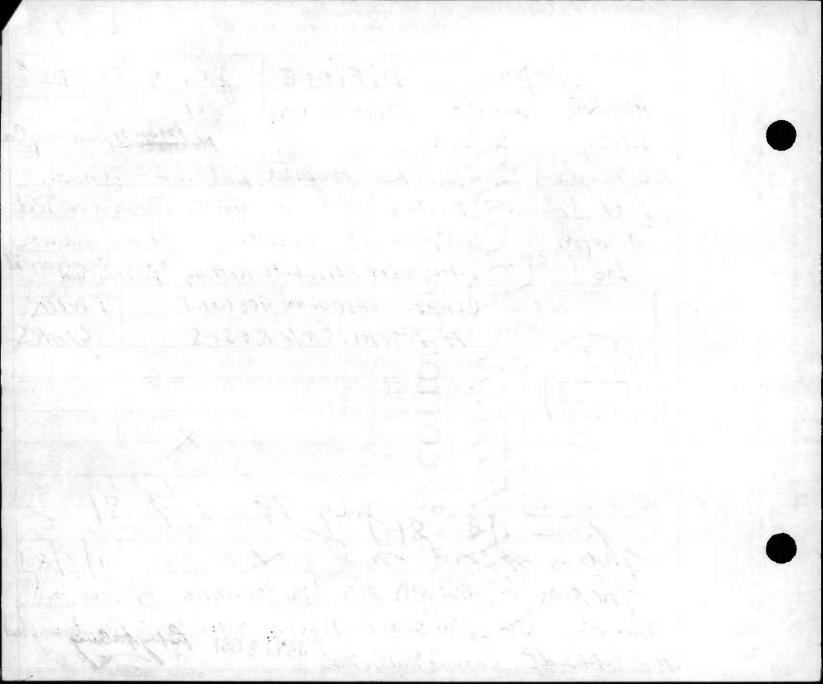
OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician. TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and call should be detached for use as the burnal-transit permit. Then please remove carbon-papers. Pages I with the State Dept, af Health and Mental Hygiene prior to burial, cremation, or removal. 23d. LOCATION CITY OR TOWN 230. BURIAL, CREMATION, REMOVAL (SPECIFY) 23c NAME OF CEMETERY OR CREMATORY 23b. DATE BP Burial -14-1981 Burtonsville Union Burtonsville 250 PATE REC'D. BY REGISTRAR 250 RECEPTRALES SIGNATURE WEYMETER. 8434 Ga. Pumphrey, ve., S.S. Inc Md. Ga. Ave., (VRA 15, 4)

DHMH-16 30M 2/80



		FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH REG. NO.	2 4 0 2
1		ASED NAME PRINTING SEL	RACE J. DATE OF BIRTH MONTH DAY VEAR VEAR OF MO MO MO MO MO MO MO MO MO	Y YEAR 26. HOUR 7.30 UNDER I YEAR IF UNDER 24 HR NTHS DAYS HOURS MIN
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or Item	CAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 216 INJURY OCCURRED		COUNTY STATE
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		FOR STATE REGISTRAR		STATE OF MARYLAND TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	REG. NO.	0 2 4 0 3
		EASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
3		Marg		Dillon	January 17	1981 4:55
	. SEX	Female	Caucasian	June of Birth June 21, 1893	6. AGE (IN YEARS LAST BIRTHDAY) 8.7	IF UNDER 1 YEAR IF UNDER 24 F MONTHS DAYS HOURS M
70	D. BIR	THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COU	INTY OF DEATH
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90		ockville	(IF NOT IN SUCH FACILITY, GIVE STRI	ing home or other institution et address) Nursing Cente	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Ret. Clerk	126. KIND OF BUSINESS INDUSTRCITY Of New Yor
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any injury, ar athe	CERTIFICATION	cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DEATH BUT NOT RELATED TO THE T	20a AUTOPSY? 20b. II	F YES, WERE FINDINGS USED
Shows Shows	I I				YES NO A	ERTIFYING CAUSES OF DEATH' YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITÉA	A 18 PART 1 OR PART 2)
Twee or I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211. LOCATION	CITY OR TOWN	COUNTY STA
21 is ma		22e.I certify that (I) (this hospi xaw the deceased alive an above, (II (we) (did) (did no	toll attended the apparent from	-0 1/	nion death accurred on the date and	hour and from the causes state
II. If Item	1	Myrou	Leuho	DEGREE ATTENDIN PHYSICIA	N PO DIRECTOR PHYSICIAN	January 17, 1981
IMPOKIANE:		734 PHYS LIAN'S NAME (THE		22e ADDRESS 230	9 Shorefield H	1111
		Myron L. Le		Whe	aton Maryland	
23	(\$	JRIAL, CREMATION, REMOVAL Burial	January 20, 1981 G	ate of Heaven	Cem, Silver Sp	ring, Maryla
_		NERAL DIRECTOR ROBER			DATE REC'D. BY REGISTRAR MINE	

BREAL LIVE AND WELLIS TO BELLIA TO THE TOTAL TOT The state of the s Seas with the Contract of the January Januar Menteral pares revisales and entry the state of the state Later L. d. Detroppes, previous . . . JAN 22 1981 Apprint

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3		REGISTRAR CEASED NAME FIRST	MED	MIGDLE		AST CATE OF		REG. NO.			
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	3. SEX	MALE CAUG	5. DATE OF BIRTH MONTH DAY 9 - 13 -	4 S YEAR LAST BIRTHDA	MONTHS	GAYS HOURS	MIN. PRONOU DEA	NCED	MONTH DAY	198/	2d. HOUR
· V		RTHPLACE STATE OR	76. CITIZEN OF WHA		R	D NEVER MARRIE	9. BALTIA	AORE CITY OR	COUNTY OF D		
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7	13a. S1	RESIDENCE I IF IN NURSING HOME OF	Y GIVER INSTITUTION, GIVE	13c. CITY OR TOWN	, 1	34 INSIDE CUY LIMITS?	13e. STREET ADDR	STEPH	1 ENSO	N 1	2. N.
01	14. FA	THER'S NAME	MIDDLE	LACY		15. MOTHER'S MAIDEN	NAME	MIDDLE		ACT	
VI	V	Villiam		ougherty		Anna		THOULE	Quigle	V	
2	16a. W	VAS DECEASED EVER IN U.S. ARA		166. SOCIAL SECURITY	Y NO. 1	7. INFORMANT SO	n	ADDRESS			
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	Z	Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS C	(b) DUE TO, OR A		OF OF RIOSC	ANCE LESCOTIC DR CONDITION GIVEN IN PART	010	ASE ASE	ry.we	400 9m	o IVS
	ATIO	19a. DATE OF OPERATION	19b. CONDITION	ON FOR WHICH OPER	ATION WA	S PERFORMED?			[20 AI	UTOPSY?	
2	IFIC									ES 🗆	NO D
3	MEDICAL CERTIFICATION	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a. 1 certify that I took charge	PARENTE PLACE OF STREET, FACTO NURSI	MONTH DAY YEAR 3/ 1987 FINJURY (AT HOME, ORY, FARM, ETC.) V. B. HEME	21f. LOC.	ATION REET RISECTION	D IN CITY OF THE	BED	COUNTY	VT	STATE
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		ACTUAL SIGNATURE	call.	Muyley	A M.D	TITLE (SPECIFY)	MEDICAL EXA	MINER	DATE SIGNED	3//	81
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			'eb. 3, 19		ry's (Cemetery			/irginia		
	24. FC	NEPALDIRECTOR/		neral Home		25a DATE R	CCD. BY REGISTION	AR 256 REGIST	RAR'S SIGNATE	RE	1-0-6
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval.

IMPORTANT: If them 21 is marked ar Item 18 shaws any

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

74	REGISTRAR			CEKITE	ICATE OF DEATH	REG. N	0.		
	CEASED NAME FIRST Glad	ys V. D	ove	l	AST	January	1, 1	.981	26. HOUR 10:30pm
3. SE		4. RACE		5 DATE C		6 AGE (IN YEARS LAST BIRT	(HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female	white		May	7 4, 1922 YEAR	58	YRS	MONTHS DAYS	HOURS MIN.
	Virginia	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE		9. BALTIMORE CITY C	_	Y OF DEATH	MD.
10 €	Olney				Hospital	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Homemake:	F WORKING LI		P BUSINESS OR
USU 13a	STATE 13b. Co	LE OR OTHER INSTITUTION DUNTY ONt.	GIVE RESIDENCE BEFORE 131. CITY OR TOW Gaithe:	N .	13d INSIDE CITY LIMITS? YES A NO	13e STREET ADDRESS 8010 S	piceb	erry L	ane
14. F	Sutty –	MIDDLE Shiff	lett LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		LAS	57
	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU 218-20-2		M. Floyd Dov	re Same a:	**		
CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DIATE CAUSE (0) DUE TO, O (b) DUE TO, O (c) NT CONDITIONS CO	Smell C RAS A CONSEQUE PAS A CONSEQUE DITRIBUTING TO I Tright L TION FOR WHICH	ENCE OF ENCE OF DEATH BUT	NOT RELATED TO THE JERM JERN NOT RELATED TO THE JERM J	INAL DISEASE OR CON Left Lisane 20a AUTOPSY? YES \(\text{NO} \)	20b. IF YE IN CERTII	VEN IN PART 10 may refer by refer S, WERE FINDIN FYING CAUSES	NGS USED
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DHMH - 16 50M 1/76 (VR A 15 (4))

230 BURIAL, CREMATION, REMOVAL (SPECBurial

sow the deceased alive on.

Dr. Donald E.

Jan. 5, 1981

Dillon

22a.1 certify that (1) (this haspital) attended the deceased from

above, (1) (we) (did not) view the body after death.

Park lawn

DEGREE

22e ADDRESS

ATTENDING PHYSICIAN

Rockwille

_. and that in (my) (aux) apinion death accurred on the date and hour and from the causes stated

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Olney, Md. 20832

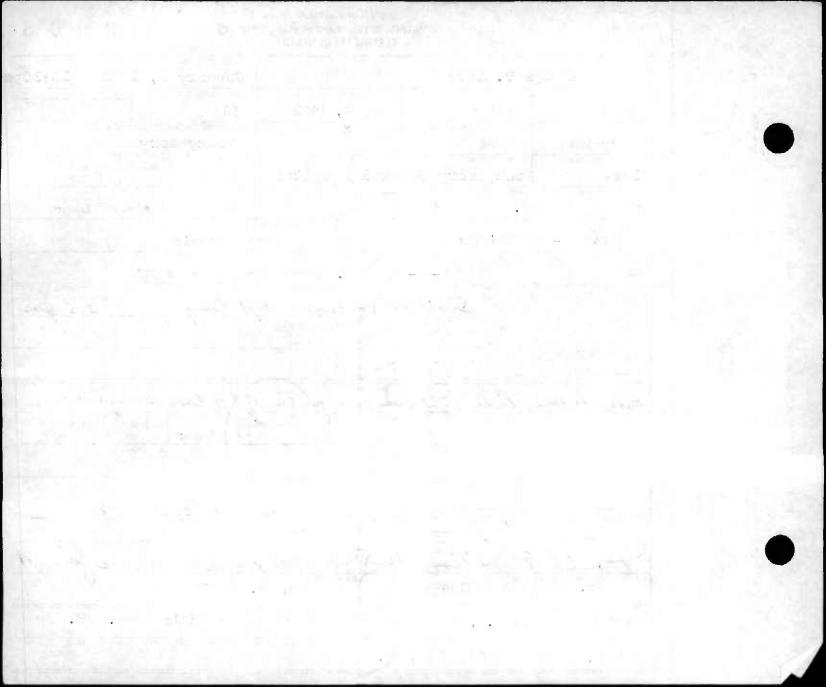
Monday Md.

that (1) (we) last

24 FUNERAL DIRECTOR FRANCIS H. BARBER LAYTONSVÍLLE, MD. 20760 25. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE

an

STAFF PHYSICIAN [



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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospitol or attending physicion.

DHMH - 16 50M 1/76 (VR A 15 (4))

executed within 24 hours ofter death. Page 4 may be

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	(TYPE O	EASED NAME	clara	٨	N.	Do	owns		Ja	nuary :		26. HOUR B:15P.
)		emale		Caucas		S. DATE C MONTH April	DAY V	~AR	6. AGE (IN YEARS LAST BIR	YRS.	IF UNDER 1 YEAR	HOURS MI
35	Ma 10 CIT	THPLACE STATE OR F PORTOWN OF DE CKVILLE		U.S./ . NAME OF H	A.	MARRIE WIDOWE	D NEVER MARR D DIVORC	ED 🗌	Montgome 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C HOMEMAKER	ery	17b. KIND OF	F BUSINESS
must be re	USUA 13a. ST	RESIDENCE (IF NUR	sing home or of 13b COUNTY Montgo	HER INSTITUTION.		STREET ADDRESS) O ad BEFORE ADMISSION) 1116	13d INSIDE CITY LII YES (1) NO	MITS?	12. STREET ADDRESS	Road	HOM	e
5		her's NAME	T ^{MID}	DIE	Gord	,	15 MOTHER'S MAI	DEN NAM	MIDDLE		Hall ^{AST}	
medico	160 W. (YE	AS DECEASED EVER 5, NO OR UNKNOWN) NO	IN U.S. ARME (IF YES, GIVE WA			SECURITY NO. 6-0252	James R.	Down	s (Same as			MATE INTERVAL INSET AND DEA
injury, ar other tro		Conditions, if ony gove rise to im couse (o), stotiu underlying couse	mediate ng the e last	(c)	R AS A CONS	GEQUENCE OF	0	HE TERMII	NAL DISEASE OR CON	DITION GIVE	EN IN PART 1(o	1
2 shows one	RTIFIC	9g. DATE OF OPERA	0.			HICH OPERATIO	N WAS PERFORMED		200 AUTOPSY?	IN CERTIFY YES		
or Item 18	CAL	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH	P./	м. МО N TH м.	DAY YEAR		OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18, PA	RT 1 OR PART 2)	
marked or	- 1		THILE D		EET, FACTORY, O	FFICE, FARM, ETC.)	211 LOCATION STREET	,	CITY OR TO	NN -	COUNTY	STATE
m 21 is n		sow the deceos obove, (I) (we) (27b. SIGNATURE	ed olive on		10/41	19 80 for			eoth occurred on the d		and from the c	
		22d. PHYSICIAN SN	me	16	Jm	cc0251@	EN Nº JOHEN	MI.D.	MEDICAL STA	FF CIAN []	22c. DATE S	23/
IMPORTANT:		Stephen	N. Jone	es, M.			ROCKVILLE, 1	010	Rockvil			20851
	(SP	BURIAL BURIAL			,1981	Monocad	emetery or crem. Cy Cemeter	٧٠	Beallsvi	110		ryTane
		A., Rocky	ROBERT	A. PUM larylan	IPHREY	FUNERAL	HOMES,	FE FE	REC'D. BY REGISTRAR B 3 1981	25b REGISTS	AR'S SIGNACI	Bready

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26	FOR STATE REGIST
	I DECEASED I

completely filled in by the funeral 3 and 2 should be filed within 72

STATE OF MARYLAND

	95.55	REGISTRAR				CERTITIO	CALL OF PLATE		REG. N	Ο.			
		CEASED NAME	FIRST	M	IDDLE	U	AST	20 E	DATE OF DEATH	MONTH D	AY YEAR	2b. HO	UR
V	(TIPE	OK PRINT)	TALAL) R	es d	J)u// 11	,		1/1	8/81	2	S. S.
)	3 SEX	(4 R	RACE		5. DATE O	FBIRTH		GE (IN YEARS LAST BIRT	THDAY!	IF UP DER I YEAR	IF UNDE	R 24 HRS
,		MAIF		WHITE		MONTH			r 1		ONTHS DAYS	HOURS	MIM
	7a. Bil	RTHPLACE (STATE OR FO			WHAT COUNTRY?	MAY		- 1 BA	ALTIMORE CITY O	PR COUNTY	OF DEATH		
7		OUNTRY)				MARRIED	XX NEVER MARRIED		M. I	7		,	
1		SHINGTON TAOR TOWN OF DEA	D C	NAME OF H	A.	WIDOWE	D DIVORCED	120	USUAL OCCUPATI	30 M	12b. KIND O	P DITCH	M
0	1				FACILITY, GIVE STREET		K GINEK INSTITUTION		E OF WORK FOR MOST O		INDUSTRY	IF BUSIN	1E 33 O
	1	CHAISO	A 2	muy	wor	0/-	tosp	F	LECTRONIC	S TECH	H U	S. GC	JUT.
d	USU A 130. S	L RESIDENCE (IF NURS	ING HOME OR OTH		GIVE RESIDENCE BEFOR		134 INSIDE CITY LIMITS	5? 1130 5	STREET ADDRESS				
h	MA	RYLAND N	ONTGOME	FRY	STIVER S	PRING	YES 🔯 NO		2419 FUAN	IS DRTI	VF		
	14. FA	THER'S NAME	MIDD	N.E.	ŁAST		15 MOTHER'S MAIDEN		WIDDLE		LAS		
0		JOHN	D	DIII			ROBER	DT A	WIDDLE		TOLLEV		
		AS DECEASED EVER		D FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	UA.	ADDRE	SS	TVIIIX		
	(Y	ES, NO OR UNKNOWN)	KOREA		579-42	1205	MARY H. 1	1111	O A LIT	- 40 1	2	/.IT = T	-
							MAKY H. L	/1111	SAME	AS I	APPROX	MATE INT	ERVAL
	ш	PART 1. DEATH W	AS CAUSED BY	Υ.	- ·	,					BETWEEN	ONSET AN	D DE ATH
	ш	15011	IMMEDIATE C	AUSE (o)	uren	neu					1 4	Meny,	9
		1334		DUE TO, OR	AS A CONSEQU	ENCE OF	/	. 6	*		12-	1	_
		Conditions, if any, gave rise to imm		(b)	Kenned	Sum	by nem	es 1	10 sut je	7	1/20	Hy.	
		couse (a), statin	g the	DUE TO, OR	AS A CONSEQU	ENCE OF	-4/	7	. / .	×r	. 30	</th <th>/</th>	/
		underlying couse	lost ((c)	Carrino	na Cl	Um with by	flores	y liver or	MAIN	2 /1/2	an	de
	L	PART 2 OTHER SIGN	NIFICANT CON	IDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE T	TERMINAL	DISEASE OR CON	DITION GIVE	EN IN PART 10) i	
	စ်												
2	CAT	190 DATE OF OPERA	TION	196 CONDIT	TION FOR WHICH	OPERATION	WAS PERFORMED	20	autopsy?		, WERE FINDIN		
7	CERTIFICATION	1/6/81		Cus	new Class	em -	ing meterties	YE ` رحا	ES NO		S	NO [
	E C	210. ACCIDENT WAS UND		216. TIME OF		VEAD	21c HOW INJURY OC	CURRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PA	ART 1 OR PART 2)		
	4	OR CONTRIBUTING (P.M	a. MONTH D	19							
	MEDICAL	21d. INJURY OCCURE		21e PLACE C	OF INJURY		21f LOCATION						
	₹	WHILE NOT WE	HILE	(AT HOME, STRE	EET, FACTORY, OFFICE,	FARM, ETC)	STREET		CITY OR TOV	VN.	COUNTY	5	STATE
		220.1 certify that (I)		ottended the	deceased from	110	10 8	/ .	1/18		1081	that (I)	/we\ ln
		sow the decease	ed alive on	1//9	19	3 /	d that in (my) (our) apir	nion death	occurred on the d	ote and hour		(1)	, ,
		obove, (1) (we) (c 22b. SIGNATURE	did) (did not) vii	ew the body o	ofter death.		DEGREE				22c DAJE		
		08 2	-71.71	7	7	5	ATTENDIN	IG V ME	DICAL STA	FF	11000	6/8	21
_		119-011	mun	wou		/.	2, 2 PHYSICIA	N DIR	DICAL STAI ECTOR PHYSIC	IAN 🗌	10//	7/0	/
		224 PHYSICIAN'S NA	21	-	1.7-		10401	hld.	Grorse	c towas	RI	BAT	7
		VIK.	1115/70	e Thiwi	HIL		10701	014	0-001)0	,,,0	4-07	2011	

DHMH-16 20M (VRA 15, 4) 7/7B

TO FUNERAL DIRECTOR.

should be detached for use as the burial-transit permit. Then pleas with the State Dept-of Health and Mental Hygiene prior to burial, IMPORTANT: If Hem 21 is marked or Item 18 shows any

230. BURIAL, CREMATION, REMOVAL ISPECIFY)

BURIAL

23b. DATE 1/21/81 23¢ NAME OF CEMETERY OR CREMATORY FT. LINCOLN

20901

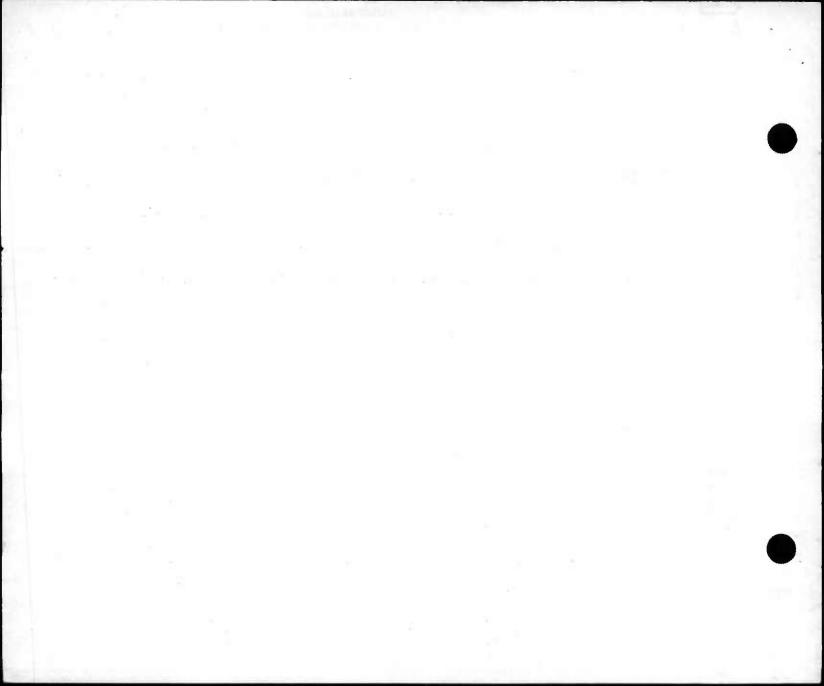
BRENTWOOD

PRT GEO

STATED.

24 FUNERAL DIRECTOR FRANCIS J. CULLINS 500 UNIV. BLVD., W., SILVER SPRING, MD.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



death. Page

Then please remove corbon popers. Pages 1 and 2 should be filed within 72 metroports or removal.

injury, or other troumatic event, the

should be detoched for use os the buriol-tronsit permit. Then please remove corbon popel with the State Dept. of Heolth and Mental Hygiene prior to burial, cremotian, or removal. certificate has bee

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony

STATE OF MARYLAND

1 -	FOR STATE REGISTRAR			DEPART			ID MENTAL HYG		REG. NO.	0 2	Berg	0	8
	CEASED NAME OR PRINT)	Kathe		Norris	טע	VALL		,	January	8,198	YEAR	2b. HOU 2:3	JR 30A
3. SE.	x Female		RACE Whi	te	5. DATE O	d DA	6,1916	6. AGE (IN YEAR	rs LAST BIRTHDAY) YR:	MONTHS	DAYS	IF UNDER HOURS	MIN.
	RTHPLACE (STATE OF COUNTRY) Maryland			WHAT COUNTRY?	MARRIE	D	ER MARRIED DIVORCED		ontgomer				ME
Ge	ity or town of DE	g	(IF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET 504 Walnu	t Hil		NSTITUTION	120. USUAL OC (TYPE OF WORK FO House	OR MOST OF WORKING	3 LIFE) 12b. IND	KIND O USTRY	F BUSINE	ESS OR
13a. S	AL RESIDENCE (IF NUR STATE Aryland	13b. COUNT Monte	TY	GIVE RESIDENCE BEFOR 13c. CITY OR TOW Gaither	/N	YES	NO [odress 04 Walnu	t Hil	1 R	d.	
	George		A.	Alexande:			er's maiden na		WIDDLE	Lea	hy LAS	т	
	VAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES]	212-16-		17 INFOR	Preston	Duvall,	ADDRESS Item			MATE INTER	
NO	Conditions, if ony gave rise to im couse (a), stati underlying caus PART 2. OTHER SIG	ing the e last.	DUE TO, O (b) DUE TO, O (c)	R AS A CONSEOU R AS A CONSEOU ONTRIBUTING TO orbital	ence of	NOT RELA	TED TO THE TERM		or condition	GIVEN IN I	PART 1(c		
CERTIFICATION	190 DATE OF OPERA	NOITA	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PE	RFORMED	20a AUTOP		YES, WERE			TH?
MEDICAL CER	AT WORK AT WE	CAUSE OF DEAT DICAL EXAMINER) RRED WHILE ORK	P. 21e. PLACE (AT HOME, STI	M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, I	AY YEAR 19 FARM ETC)	211 LOC	V INJURY OCCUR		RE OF INJURY IN ITEM		UNTY		STATE
	22a.1 certify that (I saw the deceo above, (I) (we) 22 SIGNATURE 22d. PHYSICIAN'S N	sed alive an did (did) (did not)	vice the body	Alter death.		DEGREE	RESS	MEDICAL DIRECTOR	STAFF PHYSICIAN	J 22	c. DATE	SIGNED 8,198	oted
23a. E	Do BURIAL, CREMATION SPECIFY Burial		23b. DATE			EMETERY	11 Princ	23d. LOCATI	ION	COUN	TY	,	STATE
	Dataat		Jan.10	, 1701	Damas	cus l	etn.	Dan	ascus, l	contg	omer	у, М	ld.

25a. DATE REC'D. BY REGISTRAR

1981

24. FUNERAL DIRECTOR
NAMOlin L. Molesworth, P. A., Damascus, Md.

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this

TO HOSPITAL OR ATTENDING PHYSICIAN: The la

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while S. Willon, M.c. [18111 Fri de Frill Dr., Gleer, PM.

or it is a second of the secon

To a cleswort, ..., becords, id. (MA) 108

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signed by the ottending physicion and ca hen please remove carbonpopers. Pages 1

should be detoched for use os the burial-transit permit. Then please remove cark with the State Dept. of Heolth and Mental Hygiene prior to burial, cremation, or

TO FUNERAL DIRECTOR: After this certificate has be

OR ATTENDING PHYSICIAN: The

retained by the hospital or

	1 -	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAI BEALTH AND M ICATE OF DI	ENTAL HYGI		REG. NO.	0 :	2 4	0 9
		CEASED NAME	FIRST	El	JZARZI	H	FAR	P.	20 DATE OF DE	ATH MONTH	. 10	SI.	5 15 a
(B	3. SE	* Francis	4. R/	idli	. 2	S. DATE C		1913	6. AGE (IN YEARS	LAST BIRTHDAY)	MONTH		IF UNDER 24 HRS. HOURS MIN.
£X ₹		RTHPLACE (STATE OF F	OREIGN 76. C	ITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER M	ARRIED -	9 BALTIMORE			DEATH	M
O Glied	10.0	COXVIIIP			HOSPITAL, NURSIN H FACILITY, GIVE STREET	IG HOME C		onlo	120 USUAL OCCURRED TYPE OF WORK FOR			NDUSTRY	BUSINESS OF
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the medical	160. V	VAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARMED (IF YES, GIVE WAI	R OR DATES)	578-28-2	RITY NO.	17 INFORMAN	IT	417 M	ADDRESS			Apt T-
or other troumotic ever		Conditions, if any, gove rise to imm couse (o), statin underlying cause	which nediate g the	DUE TO, OF	R AS A CONSEQUE		juis	no ve	eary	The state of the s	eu.	ru	
any injury, o	ATION	PART 2 OTHER SIGN	nell	me	ELLES TION FOR WHICH	,er	nplu	sem	INAL DISEASE O	ulmi	new	PART 101	11
Shows	CERTIFICATION	210. ACCIDENT WAS UND	12.2.5	216. TIME O		- OFERATIO		- 8	YES N	o ⊋ IN C	YES [CAUSES	
or Hem 18	MEDICAL CI	OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	CAUSE OF DEATH	HOUR A./	M. MONTH DA M.	AY YEAR			ED (ENTER NATURE	OF INJURY IN ITE	EM IB PART I	OR PART 2}	
morked or	WED	21d INJURY OCCURE WHILE NOT WH AT WORK AT WOR	ILE 🗍	21e. PLACE ({AT HOME STR	DF INJURY EET, FACTORY, OFFICE, F	ARM ETC)	21f. LOCATION	N	CI	ITY OR TOWN		COUNTY	STATE
21 is		220 1 certify that (I) sow the decease abave, (I) (web)	dalive on	1/10	8/ 19			ur) opinion d	4. to	n the date on		from the co	
LT. If them		226, SIGNATURE	itfr	rsi	bleay	Dus	PI	TENDING HYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN [1/16	GNED /Y/
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BP.

TO HOSPITAL

DHMH-16 30M 2/80 (VRA 15, 4)

230. BURIAL, CREA (SPECIFY) Burial 24 FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc.

1331 Rockville Pike

CREMATION, REMOVAL

23b. DATE 23c. NAME OF CEMETERY OR CREMATORY

Rockville, Maryland

Neelsville Ch. Cem. Neelsville Montgomery

Md.

822 giret street S - - - - I John P. Loup Baitharahum, III Robert E. Birchon Typon limelor tungent tose, don, 1931 Received to Silve Recivible, Maryland

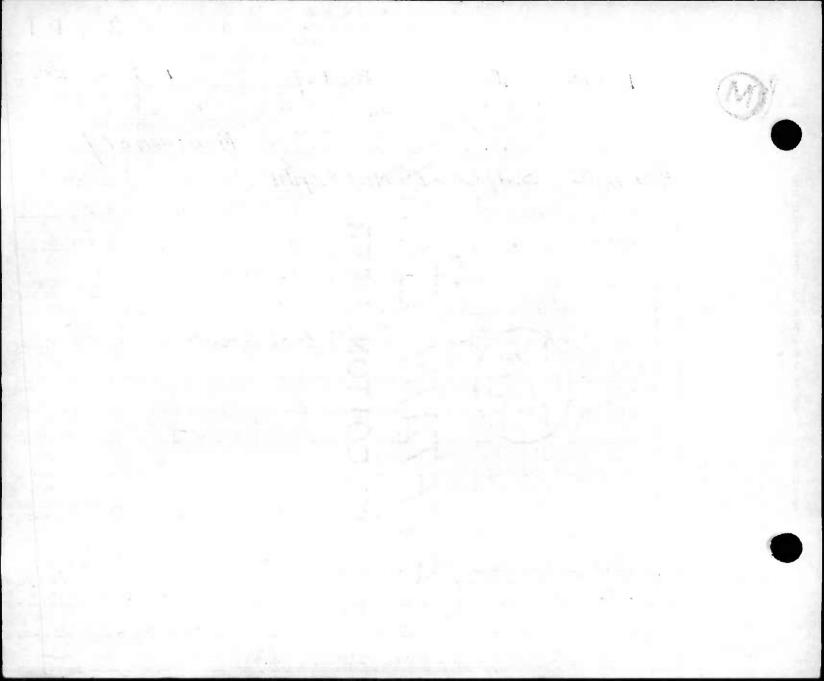
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"	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death, Page 4 mc setained by the haspital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral algorithm to should be defacted for use as the burial-transit permit. Then please remove carbon popers. Pages I and 2 should be filed within 72 increment
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		CEASED NAME OR PRINT)	FIRST .		MIDDLE		Nger EN	GER 20. DA	TE OF DEATH MO	-15.	0 1 11	05A
	3. SEX	Male		4. RACE White		5. DATE C	DAY YE	EAR	(IN YEARS LAST BIRTHDA	MON!	NDER I YEAR IF UNDER	R 24 HRS
-	7a 811	RTHPLACE (STATE	OR FOREIGN		WHAT COUNTR	Mar		903 9 BAL	77 TIMORE CITY OR C	YRS.	DEATH	_
/	C	Norway		U.	S.A.	WIDOWE	D DIVORCE	ED 🗀 '	0.4	4614	County	> A
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2	13a. S	Md.	13b COUI Mont	VTY	GIVE RESIDENCE BEF	NWC	13d. INSIDE CITY LIA		REET ADDRESS	lle P	like	
0		THER'S NAME FIRST Hans	Sec	MIDDLE	Enger		IS. MOTHER'S MAID FIRST Kris		MIDDLE	М	oester	ø
		AS DECEASED EV	(IF YES, GP	E WAR OR DATES)	166 SOCIAL SE		17 INFORMANT	0024	ADDRESS		Md.	
Ŀ	_	Yes	WW11		Unknow		Norman A	Enger,	11904 Tal	lwood	APPROXIMATE INTE	Om
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DHMH-16 30M 2/8 (VRA 15, 4)

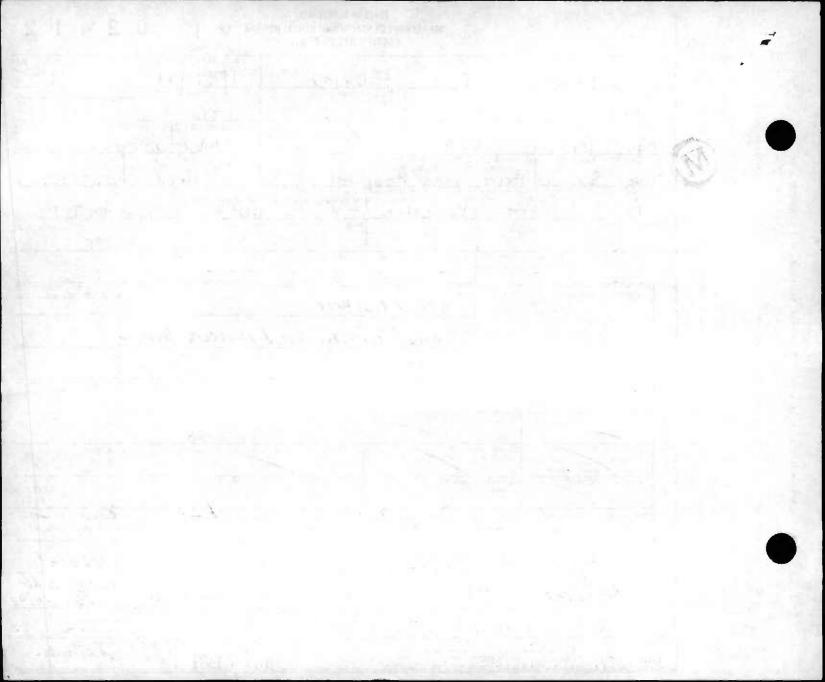
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1	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	2411
{T	PECEASED NAME FIRST	Walker	Estev	20. DATE OF DEATH MONTH	21 81 25. HOUR 1500
3 5	Female	4. RACE Caucasian	Feb. 17, 1927	6. AGE (IN YEARS LAST BIRTHDAY) 53 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
16	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	76. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED W NEVER MARRIED WIDOWED DIVORCED	Mont gon	nery m
85 7	POCK VILLE	Shady Grove Ad	PORESSI HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING Broker	12b. KIND OF BUSINESS OF INDUSTRY Real Estate
35 M	aryland Mo	or other institution give residence before a UNITY 136. CITY OR TOWN ntgomery Boyds	13d INSIDE CITY LIMITS? YES ☐ NO 🏖	136 STREET ADDRESS	es Rd.
50	FATHER'S NAME FIRST Hayden	S. Walke	15. MOTHER'S MAIDEN NA	WIDDLE	Roberts
	WAS DECEASED EVER IN U.S., (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 16b SOCIAL SECUR GIVE WAR OR DATES) 178–22–	(IIIu	sband) ADDRESS Estey Same	as 13 Approximate interval Between onset and death
NO.	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUENT (c) T CONDITIONS CONTRIBUTING TO DI		Carrier Tinal disease or condition G	years IVEN IN PART I(a)
SERTIFICATION	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	19% CONDITION FOR WHICH C		UN CERT	ES, WERE FINDINGS USED (IFYING CAUSES OF DEATH? YES \(\text{ NO } \)
7 EDICAL		DEATH HOUR A.M. MONTH DAY	Y YEAR 19 211 LOCATION	CITY OR TOWN	COUNTY STATE
	22a.1 certify that (I) (this has	priority attended the deceased from 19 8 nat) view the bady after death.	DEGREE	to 1/24 deoth occurred on the date and ho	our and from the causes stated 22c. DAJE SIGNED
1	224 Physician's Mame (TYP) S. J. Newm		ATTENDING PHYSICIAN 272. ADDRESS 11500 Old	MEDICAL STAFF DIRECTOR PHYSICIAN Georgetown Ro	Md. Bethesda
230	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	1 2001	AME OF CEMETERY OF CREMATORY	23d LOCATION CITY OF TOWN Harwich	COUNTY STATE
24	funeral director NAME Capitol	Funeral Servic	25a. DAT	AN 2 6 1981	STRAR'S SIGNATURE



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DIVISION OF VITAL RECORDS, 201
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10/1	FOR - STATE REGISTRAR	DEPARTMENT OF HE	OF MARYLAND EALTH AND MENTAL HYGIEN CATE OF DEATH	IE 8 (2412
	ECLASED NAME FIRST PE OR PRINT) ECLUSARD	Dominic Fo	erici	DATE OF DEATH MONTH	DAY YEAR 2b. HOUR Q 10 A
, 9	Nale	White MONTH	DAY YEAR 12 95	86 YRS	MONTHS DAYS HOURS MIN.
X	New YORK	USA WIDOWEI	D DIVORCED 12	Montao USUAL OCCUPATION	Mery M
JUS JUS	JAL RESIDENCE (I NURSING HOME OR O	SUCH FACILITY, GIVE STREET APPRESS) THER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION! Y 1130, CUTY OR TOWN	pita!	TYPE OF WORK FOR MOST OF WORKING	U.S.GOVERNMEN
14.	ND. I NO	int. Wheaton	YES NO 11. NOTHER'S MAIDEN NAME	e STREET ADDRESS 0 530 Genva	gin Ave 717
	JOHN WAS DECEASED EVER IN U.S. ARM	FEDERICI LED FORCES? [16b. SOCIAL SECURITY NO.]	CARRIE 17 INFORMANT	ADDRESS	VENTURI
ent, me med	YES WW	war or DATES) 579-32-0674	CATHERINE F	DERICI SAM	E AS 13 WIFE
CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF (c) DODITIONS CONTRIBUTING TO DEATH BUT IN 196 CONDITION FOR WHICH OPERATION		AL DISEASE OR CONDITION (20a. AUTOPSY? 20b. IF	GIVEN IN PART 1(a) (ES, WERE FINDINGS USED
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21c. HOW INJURY OCCURRED	YES NO	TIFYING CAUSES OF DEATH? YES NO B. PART I OR PART 2)
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT HILE TWORK	P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22s. certify that (1) (this hospital saw the deceased alive on above, (1) (we) (did) (did nat)	view the body after death.	d that in (my) (our) opinion dea	th occurred on the date and h	our and from the couses stated
	THE PHYSICIAN'S PLAME (THE ONL)	ud ban	ATTENDING PHYSICIAN ALL	MEDICAL STAFF DIRECTOR PHYSICIAN	1/26/8/
230	RAYMOND BURIAL, CREMATION, REMOVAL	BASS	16220 FALE	PENRIC ME	10.00
	(SPECIFY) BURIAL	1/29/81 GATE OF	HEAVEN	SILVER SPRING	
		S J. COLLING SILVER SPRING, MD. 2		2 7 1981	Jany Mariney



filled in by the funeral directly by the filed within 72 hours

STATE OF MARYLAND

EPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

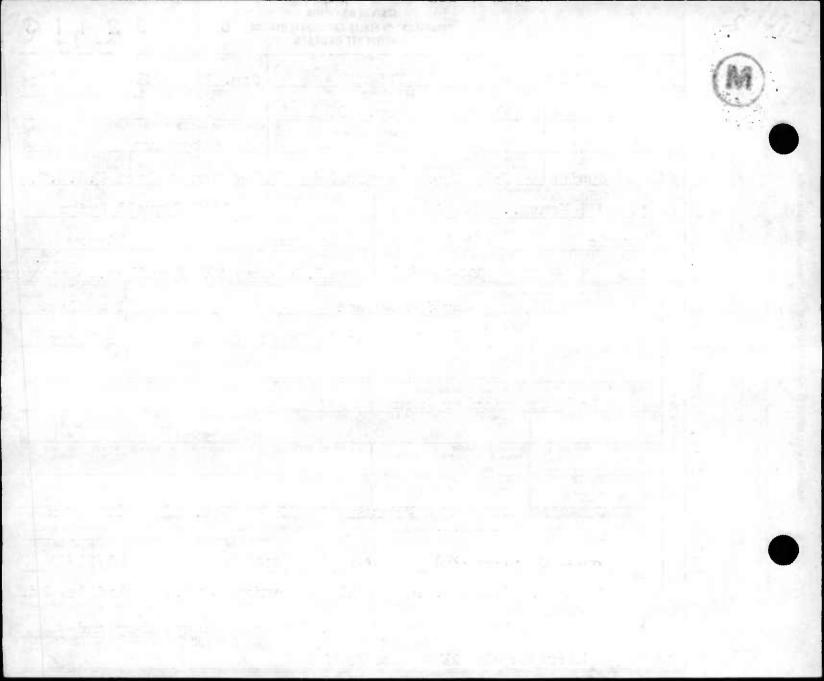
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	1 -	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.	Cas :		
		CEASED NAME FIRST		MIDDLE	ı	AST	20. DATE OF DEATH	MONTH DA	AY YEAR	2b. HOUR	
	1	JULIUS	3		FEL	DMAN	Jan. 21,	1981		9:30am	
	3 SEX		4 RACE		5 DATE C		6. AGE IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN	
		Male	Whi	ite	Nov		57	YRS	UNIHS DATS	HOURS MIN	
1		BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY				NEVER MARRIED	BALTIMORE CITY	R COUNTY	OF DEATH		
h	Pennsylvania USA				WIDOWE		Montg	omerv		MD.	
1	10 CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12R USUAL OCCUPAT	ION		F BUSINESS OR	
X	9	llver Spring		th FACILITY, GIVE STREET.		nital	Program			SCG	
й	USUA	AL RESIDENCE LIF NURSING HOMEOR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)			A LITTER LY	\$C 0.1	5.0.0.	
21		arvland Mor	itg	Kensing		13d. INSIDE CITY LIMITS? YES X NO	13n STREET ADDRESS	Spriie	11 Dr	1370	
		THER'S NAME	icg	IKE 113 TILE	COIL	15. MOTHER'S MAIDEN NAM		DPI GC		146	
ST X			MIDDLE	Feldma	123	Rebecca	WIDDIE		Bisn	OT-7	
i.	Ián W	/AS DECEASED EVER IN U.S. AR	MED FORCES?	T & LUITA		17 INFORMANT	ADDR	ESS	DISI	Md.	
٠		ES, NO OR UNKNOWN) YES, GIVE	WAR OR DATES)				man. 2007	Cosmical i	1 D ₂₀		
Med		Yes WW	11	177-14-6		Rose F. Feld	man; 3907	spruer.			
4		IN CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE		MATE INTERVAL DISET AND DEATH							
9		IMMEDIATE CAUSE (0) Cardiac Arrest Immediate									
		4140	DUE TO, O	R AS A CONSEQUE	NCE OF				F 37		
KUGERS S		Conditions, if ony, which gove rise to immediate	(b)	Arteri	oscl	erotic Hear	<u>t Disease</u>		5 Y	ears	
4		couse 101, stoting the	DUE TO, O	R AS A CONSEQUE	ENCE OF						
۵		underlying couse lost.	(c)								
2	7	PART 2 OTHER SIGNIFICANT	-				IN AL DISEASE OR CON	DITION GIVE	N IN PART I	0 '	
NHO	CERTIFICATION	Left Ventricular Aneurysm 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 1200 AUTOPSY? 1200. IF YES								100	
	ICA	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?		WERE FINDING CAUSES	OF DEATH?	
WITH DK.	RTIE						YES NYXX			но 🗌	
7		210. ACCIDENT WAS UNDERLYING CAUSE OF DEA		OF INJURY .M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	ED JENTER NATURE OF INJU	RY IN ITEM 18, PA	RT (OR PART 2)		
Ξ	CAI	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.	м,	19						
3	MEDICAL	21d. INJURY OCCURRED	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
		AT WORK AT WORK				1		~~	00		
LEAKED		220 I certify that (IXIXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	-		Febr		toDec	29. 1	. — .	that (I) Xe) lost	
3		sow the deceosed olive on obove, (1) Nex (3d) (did no		nber 29 o 8	. or	nd that in (my) (oxc) opinion d	leath occurred on the d	ote and hour			
1		226. SIGNATURE				DEGREE			22c. DATE		
		frme, (O. Rr	- m)		PHYSICIAN X	MEDICAL STA	IAN 🗌	1/2	1/81	
	100	226 PHYSICIAN'S NAME (TYPE O				22R ADDRESS			15 11		
		JAMES A	A. ROSS	SI, M.D.		6111 Execu	tive Blvd	., Ro	ckvil	le, Md.	
	23a B	URIAL, CREMATION, REMOVAL	23b. DATE	23c h	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			STATE	
	(5	Burial	1-23-	-81 J	udea	n Mem. Gard	ens Olne	y, Ma	rylan	- DINIE	
	24 FL	INERAL DIRECTOR				Ile, Md. 25m. DAW	And the Real Property Control And Address		AR'S SIGNAT		
- 1	1	zansky-Goldber	Thans					-			

DHMH-16 25M (VRA 15, 4) 1/79

AD FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the state Dept. of Health and Mental Hygione prior to burial, or termoval.

IMPORTANT: If Item 21 is marked of Trem, 18 should any injury, or other traumatic event, the medical examples.



OR ATTENDING PHYSICIAN: The low requires that the death certificate be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hours often with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

WHORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumotic event, the medical examines must be notified at acce.

within 24 hours ofter death Page 4 may be

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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* REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO).	
1. DECEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY YEA	R 26. HOUR
MARK	1 GARCE	7:1	ler	JA	N. 3. 198	1 11-0 M
3. SEX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTH		
female	caucasian	Sept	. 16, 1894	86	YRS. MONTHS D	AYS HOURS MIN
To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	INTRY? 8.	NEVER MARRIED	9 BALTIMORE CITY OF		н
North Carolina	U.S.A.	WIDOWE		Montgo	mery Coun	tv. MD.
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME C		120. USUAL OCCUPATIO	ON 126. KIN	D OF BUSINESS OR
Rockville,	National Lu	itheran H	ome for the A	ted Homemal		t home
USUAL RESIDENCE (# NURSING HOMEO	R OTHER INSTITUTION, GIVE RESIDEN	CE BEFORE ADMISSION)				
		en ton	YES NO T	404 Jacks	on Street	
14. FATHER'S NAME			15. MOTHER'S MAIDEN NA	ME	D	
Melvin B.		AST 1	Lillian	MIDDLE	Peacoc	k LAST
160. WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIA	AL SECURITY NO.	17 INFORMANT	ADDRE		ockville,
IYES, NO OR UNKNOWN) (IF YES, GN	E WAR OR DATES) 230-	84-9232	Rev. Richard	Reichard 97		
18. CAUSE OF DEATH (Enter o	aly one course per line for (a)	(h) and (c))				PROXIMATE INTERVAL FEEN ONSET AND DEATH
PART I. DEATH WAS CAUSI	DBY:		CLEROTIC	HEART D.		LEN ONSET AND DEATH
4114) IMMEDIA				10001414		
Conditions, if any, which	DUE TO, OR AS A CON	NSEQUENCE OF	à	2 1		
gove rise to immediate couse (a), stating the	(6)			4		
underlying couse lost.	DUE TO, OR AS A CON	NSEQUENCE OF				
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PAR	T I/o¹
Z O						
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIR	
E .				YES NO	IN CERTIFYING CALL	NO [
210. ACCIDENT WAS UNDERLYING	The state of the state of	DAY VEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PAR	[2]
OR CONTRIBUTING CAUSE OF DE	AIR	IH DAT TEAK				
OR CONTRIBUTING CAUSE OF DE INFERTHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	CITY OR TOW	n COUNTY	STATE
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	SIREET	CITORIOW	N COONIT	STATE
220.1 certify that (I) (this hosp	ital) attended the deceased	from Feb.	22, 19 7/1	, to Jan. 3,	19_87	, that (I) (we) last
sow the deceased alive or	Jan. 3.	19 81 , or	d that in (my) (our) opinion	death occurred on the do	te and hour and from	the couses stated
226. SIGNATURE	100		DEGREE			ATE SIGNED
Select	The same of the sa	- M	ATTENDING PHYSICIAN	MEDICAL STAF	FIAN []	3-81
	the state of the s					
22d. PHYSICIAN'S MANUTHING	DE PRINT)		22e ADDRESS			
22d PHYSICIAN SNATTHING		uw mo		edt. N.W. W	lashi neton	D. C.
230. BURIAL, CREMATION, REMOVAL	ALESK			edt, N.W. W	Jashington	D.C.

DHMH-16 60M 1/73 (VRA 15 (4))

etoined by the hospital or attending physician.

The Hysong Co. 1300 N St.N.W.Washington, D.C.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	no
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	SPITAL SA ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour by the hospital or attending physician.
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MPORTANT: If Item

STATE OF MARYLAND FOR OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH MONTH YEAR 2b. HOUR AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH PB. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY MSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 1)ev 13R STATE 136 COUNTY 13c CITY-OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? NC 103 NO [YES T 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE BENJAMIN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Benjamin Fleming 8822 Lanier DR. (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) RETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 19a DATE OF OPERATION 20h. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOW YES NO YES T NO I 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211 LOCATION 21s PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE AT WORK AT WORK 22a I certify that (I) (this haspital) attended the deceased from saw the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 22b SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN [DIRECTOR | PHYSICIAN 224 RHYSICIAN'S NAME (TYPE OR PRINT) 27e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE Burial Gate of Heaven Cemetery Silver Spring, Maryland 2/2/81 24 FUNERAL DIRECTOR TYSON Wheeler Funeral Home, Inc. 258, DAJE RECONTRACTOR TO STRACT STICHARD STRACT STRAC

1331 Rockville Pike Rockville, Md. 20852

DHMH-16 25M (VRA 15, 4) 1/79

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1851 Bookwille Whe Rockwille, No. 20052

	1				OF MARYLAND			
	1 - STATE REGISTRAR			DEPARTMENT OF HE		TEOEDEATH	0 2 &	1 1 6
1986 1988 7 7 7 1988 7 7 1988 7 7 1988 7 7 1988 7 7 1988 7 7 1988 7 7 1988 7 7 1988 7	1. DECEASED NAM (TYPE OR PRINT)	Rebert A. RACE S. D. MC MC MACHER 176. CE	1.	MODLE W 6. AGE (IN YEARS YEAR AST BIRTHDAY) HAT COUNTRY? 8.	IF UNDER 1 YR. IF I MONTHS DAYS HO	20. DATE KNO OF ES DEATH MA JNDER 22 HRS. 21. DATE PRONOUNCED DEAD	OWN MONTH DAY STILL MONTH JAY Jan 9 ECITY OR COUNTY OF DE	YEAR 26 HOUR SYLAR 28 HOUR YEAR 28 HOUR AMERICAN
900	USUAL RESIDENCE	OF DEATH 11. P	NAME OF HOS	PITAL, NURSING HOME, C CILITY, GIVE STREET ADDRESS)	AVE	12a USUAL OCCUPATION FOR MOST OF WORKING, Med/Tech		D OF BUSIDESS
	m.	k. Mi	nti	Sign of town		10 10 8038	114hAVC	13
57	14. FATHER'S NAM	vin Forkish	DLE	LAST	15. MOTHER'S	Anna Sussman	LA	AST
1		D EVER IN U.S. ARMED F	FORCES?	16b. SOCIAL SECURITY N 579 28 5598			Falls Churc	h Va
ED AS A BURAL-TRANSII PERMI HEALTH AND MENTAL HYGIENE, REMATION, OR REMOVAL.	gave r cause (c lying ca		(b)	AS A CONSEQUENCE OF AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINA		EN IN PART 1 To.		
DEPARTMENT OF HEALTH	21a EXTERN		21b. TIME OF	INJURY MONTH DAY YEAR		O?	YE	UTOPSY?
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2	220. I cert death result ACTUAL SIGNATURE TYPES R	ify that I taok charge of t ted fram: Notaral ca	n G Rog	Accident Suicio	Hamicide TITLE (SPEC		DATE SIGNED	
AFT BAI	Buria	1 Ja		1981 Ft Linco	ln Cemeter	y Brentwoo	d Pro George	s Md.
5))	24. FUNERAL DIRE		D A Hys	attsville. Mo		DATE JAN 1 REA 1981	J. RESPUSION	Tready

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	11-	FOR STATE			DEPARTMENT OF	HEALTH			Pu I	0 2	4 1	7
6		REGISTRAR CEASED NAME	FIRST	WE	DICAL EXAMIN		AST		a. DATE KNOWN	NO.	DAY YEAR	2b. HOUI
(20)		E OR PRINT)	Victo		V.	Fra	ediani	ľ	OF ESTI- DEATH MATED		1981	28. HOUI
EASE	3. SEX	4. RA		S. DATE OF BIRTH	6. AGE (IN Y	YEARS IF UN		DER 24 HRS. 2	t DATE	MONTH	DAY YEAR	125 HOU
> G = 1	Ms	ale Wh	nite	Oct. 8,	1919 61	YRS.	5 DAYS HOUR	S MIN P	PRONOUNCED DEAD	1/2	1981	A.
SSAR ALL STO	7n BI	RTHPLACE (STATE OF		76. CITIZEN OF W	HAT COUNTRY?		D X NEVER M.	ABBIED []	BALTIMORE CIT	Y OR COUNT		1000
ECE STATE OF THE S	FO	D.C.		U.S.A.		WIDOW		ORCED	Montgom	ery Cou	nty	M
ELAY IS N TO THE PAGE PAGE SE PILED	10. C1	TY OR TOWN OF D	EATH		SPITAL, NURSING HOA		R INSTITUTION		AL OCCUPATION	(TYPE OF WORK	2b. KIND OF BI	USINESS
O O SE FILE		Kensington		11011	Madison Str	reet			eam Fitte		U.S. G	ov't.
21201 IF ANY DE RETAIN SHOULD B	130 S	L RESIDENCE (FINE TATE Aryland	13b. COUN		13c. CITY OR TOWN Kensingto		13d. INSIDE CITY LIMIT		ET ADDRESS	son Stre	et	
DE ATH. IF DE ATH. IF SES 1, 2, AND 2 SH SEVITAL R	- Contraction	George		MIDDLE	Fredia		15. MOTHER'S M	AIDEN NAME	WIDDLE		LAST lerubin	4
0 ~ 2 % _ 0		VAS DECEASED EVE			16b. SOCIAL SECUR		17. INFORMANT		ADDR		TOT MOTIF	•
URS AFTER IS. GIVE PAGES 1. PAGES 1. DIVISION O	(4	Yes	(IF YES, GIVE		578-03-36	694	Norma V	Fredia	ani Wife.	Same a	s item	13.
			ATH (Enter an	ly ane cause per line	e far (a), (b), and (c).)						APPROXIMA BETWEEN ONS	TE INTERVAL
A ST.	1	PART I DEATH		TE CAUSE (a)	cute myocar	rdial	disease					
STOR IN 2 ALC HANGE		427		DUE TO, OF	R AS A CONSEQUENCE							
ANITH NOW		Canditians, if	immediate	(~/	hronic myoc		l diseas	e.				
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOI RITING THE WORD "PENDING". IN PENCIL IN ITEM IS RDED TO THE CHIEF MEDICAL EXAMINER ALONG RE 3 SHOULD BE USED AS A BURBAL-IRANSIT PERMIT E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, I PRIOR TO BURBAL, CREMATION, OR REMOVAL.		lying cause la		DUE TO, OR	R AS A CONSEQUENCE	E OF						- 731
EXECTOR ICAL		PART 2 DINER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	RMINAL DISEASE	DR CONDITION GIVEN	IN PART 1 (a).				
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DIVI E, WRITIN RWARDEI PAGE 3 STATE DE 21201 PRI	ME	WHILE AT WORK AT			TORY, FARM, ETC.)		TREET		CITY OR TOWN	COU	NTY	STATE
	1	22a. I certify the	t I taak charg	ge of the remains de	scribed above, held an	Autaps	y , Inspe	ection .	Inquiry X,	and in my api	nian	
EXAMINE CERTIFICA JID BE FO DIRECTOR WITH THE ARYLAND,	1 - 9	death resulted fro	m: Natu	ral causes X,	Accident	ouicide	, Hamicide	. Undete	rmined manner			
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MATH, E, M	-	SIGNATURE	5	The same	V 6	ser.	Deputy		CALEXAMINER	SIGNED	1/3/8	51
MEDICAL E KECUTE THE OFF A SHOU FIER DEATH, ALEMORE, MA		(TYPE OR PRINT)	E John	n S. Roge			ADDRESS Sil	.9 Semir ver Spr	nary Road	l itgomery	, Md.	
TO A EXEC PAGI TO B AFTE BALE	23a.B	URIAL, CREMATION			23c. NAME OF C			CITY C	CATION	COUN	TY S	STATE
BP	24.5	Buria		1/8/1981	Gate of	f Heav	en Cemet	ery S	Silver Sp	ring, M	arylan	d
O DHMH - 17 (VR A15 ME (5)) 15M 7/76	24. F	5130 V	Josep Nisc. A	ve., N.W.	r's Sons In	C.	JA	N 12	981	infany h	Creedy	

Steam Pitter W.S. Ocyte. lene Sh u i i inniper Yes 578-03-3694 Norma V Prediand Wife. 4re as item 13. the street of the street. AND THE PERSON OF THE PERSON O urich 1/5/1971 Cote of deaven elet ry diver invite, anyland, Joseph -wler's one inc.

list isc. eve., H. . hall, D. D.

STATE

REGISTRAR

230 BURIAL CREMATION REMOVAL

(SPECIFY)

DHMH - 16 50M 7/77 (VR A 15 (4))

MIDDLE 2n. DATE OF DEATH MONTH 1. DECEASED NAME (TYPE OR PRINT) 4 RACE DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) 3. SEX MONTH DAY ars afte 2 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY PENNSYLVANIA DIVORCED MONTGOMERY WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION HE NOT IN SUCH EACHLITY, GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) IFS REPRESENTA ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13h COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET ADDRESS Filled Sold b MONTGOMERY KENSINGTON YES X NO T 3307 OBFRON STREET 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRS1 MIDDLE JAMES GALLAGHER UNKNOWN 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO LYES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) SAME AS13 RITA I. GALLAGHER YES 184-03-5603 WW TT 18 CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost D PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 20b. IF YES, WERE FINDINGS USED 19 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? pe NO pnsit he buriar ... 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL Hem (IF EITHER, NOTIFY MEDICAL EXAMINER) 211. LOCATION 5 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from and that in (my) four opinion death occurred an the date and hour and from the causes stated saw the deceased alive on above, (1) (we) (did nat) view the body after death DEGREE be detact e State De ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 22e. ADDRESS with the ld b

1/15/81 24 FUNERAL DIRECTOR 500 UNIV, BLVD., W, WELLVER SPRING, MD.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

23c. NAME OF CEMETERY OR CREMATORY

GATE OF HEAVEN

23d LOCATION

CITY OR TOWN

SILVER SPRING

REG. NO

2b HOUR

126 KIND OF BUSINESS OR INDUSTRY WASH.

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO I

STATE

MD.

COUNTY

22c. DATE SIGNED

E UNDER 24 HRS

IF UNDER I YEAR

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DIVISION OF VITAL RECORDS, 201 W. PRESION SI., BALLIMORE, MARTLAND 21201	NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 mc Lar attending physicion.	8: After this certificate has been signed by the attending physician and campletely filled in by the funeral director is use as the burial transit permit. Then please remove carbanpapers -Pages 1 and 2 shauld be filed within 72 haursette
	7 -	~ 3

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) NMN 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX 5 DATE OF BIRTH AA /TINITE 1895 July male white 29 70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Italy USA WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION NOT STICH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOSPITAZ eTHESDA Taitor retired USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, 130, STATE 131) COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Marykand Montgomery Bethesda 10034 Clue Drive NO [4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Francesco G. Galasso Vencenza Romeo 60. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRES thesda, Md. 20014 16b. SOCIAL SECURITY NO. 17 INFORMANT IYES NO OR UNKNOWN) HEYES GIVE WAR OR DATEST 069-26-7444 Vincenza P. Bowles 6017 Rossmore Dr. no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per lot for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating DUE TO. OR A A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTIONS CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO Z YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY 5 CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a. | certify that (1) (this hospital) (attended the deceased from sow the deceased alive on and that in (my) (and) opinion death accurred an the date and have and from the causes stated abave, (1) (we) (ad) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF shauld be deta with the State I PHYSICIAN 22e ADDRESS

1040101

DHMH-16 30M 2/80 (VRA 15, 4)

FUNERAL DIRECTO

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o.

1/7/81 24 FUNERAL DIRECTTYSON Wheeler Funeral Home, Inc. 1331 Rockville Pike Rockville, Maryland

23a. BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Gate of Heaven Cemeter yor io Silver Spring. Mdstate

250. DATE REC'D. BY REGISTRAR 251. REGISTRAR'S SIGNATURE 198

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Telegraphic received the rectined retired reiler

Haryland Montgomerv Bethwedu XX 10034 Clue Drive

Francesco G. Salamos Vencenca V. Romeo Toos . ok , sheedder

-- 069-26-24-4 Vincenza ". Bowles 6017 Boldmore Dr.

Burish 1/7/bl date of Heaven Cearter, Silver Spring, Mil.

Tysen theeler Puneral Mono, Luc. 1991 Jockville Pick Lockville, Nargiand wall

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STATE OF MARYLAND

FOR

(VRA 15, 4)

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Anniel Layl Store Corp. Corp. 1 Layl Store

PROFE TANK

	1.	FOR STATE REGISTRAR	DEPART		TH AND MENTAL HYGI ATE OF DEATH	ENE 8 REG. NO	0	2 4	121
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) 000	3 SE	Eemale.	CAUCASIAN	S DATE OF BI	DAY YEAR	6. AGE (IN YEARS LAST BIRTI	YRS.	THS DAYS	IF UNDER 24 HRS
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or set 2	Re	exuille	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET Shady Orolic.	HOUCAT	tist Hosp	FREELANCE	EDITOR	126. KIND OF INDUSTRY	BUSINESS OR
m 35	130	nd. Mon	OTHER INSTITUTION, GIVE RESIDENCE BEFOR 17Y 13c. CITY OR TOV 50 MON SILVEY S	OriNG YE	ES 💢 NO 🗆	130 STREET ADDRESS	den Uk	Mey.	LANE
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t, the me	16a N	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SEC WAR OR DATES) N/A		INFORMANT LLVIN FREDER	ICK GARDNER			
matic even			ly ane cause per line far (a), (b), at D BY: E CAUSE (a) CAR DIO		ARY ARR	EST (TW)	CE)		ASET AND DEATH 35 MINUTE
or other trau		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOL (b) STPPHYLO DUE TO, OR AS A CONSEOL PROJUMATO IN	COCCUS	AUREUS SE		multiple:		YEARS
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NAT: H 11		226. SIGNATURE OLAN A. S	chalman	DEG	ATTENDING PHYSICIAN	MEDICAL STAF		22c DATES	
MPORTANT:		22d PHYSICIAN'S NAME (TYPE O PLAN N. SCH	LMAN, M.D		ADDRESS 19271 A	ITHERSBURG			emor aus
	(BURIAL, CREMATION, REMOVAL SECURIAL		NAME OF CEME OUNT NEB		23d. LOCATION CITY OF TOWN MIAMI	DADE	אווא	FLORIDA
6 25M 4) 1/79	24 F	DUMALIDCIME STEIN 232 CARROLL STR	HEBREW MEMORIA EET, N. W. WAS	L FUNERA HINGTON.	D. C.	REC'D. BY REGISTRAR	75b. REGISTRAR	SSIGNATU	JRE

STATE OF MARYLAND

Parties of the State of the Sta

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate the certificate the certificate the haspital or attending physician.

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	0.00			DH RACE	17.	41	42 KI		January AGE (IN YEARS LAST B		1981	R IF UNDER
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35	13n S	AL RESIDENCE (IF NU	ISE COUNT	THER INSTITUTION GIV	E RESIDENCE BEFO	RE ADMISSION)	13d INSIDECITY LI	MITS?	3e. STREET ADDRESS	eder		
50	14. FA	THER'S NAME Hickman	M		Kelley	,	15. MOTHER'S MA	IDEN NAME	MIDDLE	A	llender llende	AST
/	16a V	VAS DECEASED EVE VES NO OR UNKNOWN)		WAR OR DATES)	6. SOCIAL SEC	58550	17 INFORMANT Leon	W. K	elley	RESS	e as 1	
Ther Tr		gave rise to in cause (a), stat underlying caus	ing the	DUE TO, OR A	s a consequ	UENCE OF						ψ
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INT: If them 21 is marked or from 18 shows any injury, are		PART 2 OTHER SIC	NDERLYING CAUSE OF DEATH CAUSE OF DE	21b. TIME OF II HOUR A.M. 21b. PLACE OF (AT HOME STREET. view the body aft	DN FOR WHICH	DAY YEAR 19 . FARM, ETC) June 31 . and	211 LOCATION STREET 3 , 15 d that in (m) (% % r) EGREE PHYS	OCCURRED 80 Depinion de	200 AUTOPSY? YES NOW CITY OR TO Jan.	20b. IF Y IN CERT IURY IN ITEM 18	ES, WERE FIND IFYING CAUSE YES COUNTY THE PART 1 OR PART 2) COUNTY THE PART 1 OR PART 2)	INGS USED SOF DEATH NO STAND S
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DHMH-16 30M 2/80 (VRA 15, 4)

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after

and 2 sh

injury, ar other traumatic event, the

should be detached far use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial,

IMPORTANT: If Hem 21 is marked ar Item 18 shows any

certificate has been

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	CERTIFICATE OF DEATH	REG. NO.	- 0			
LE	LAST	20 DATE OF DEATH MONTH	OAY	YEAR	2b. HOL	JR
	Gattis	January 29, 19	81		8:4.	5 A A
	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER	RIYEAR	IF UNDER	24 HRS
	MONTH DAY YEAR	0.0	MONTHS	OAY5	HOURS	MIN

ADDRESS

FOR STATE REGISTRAR			REG. NO.	6	4	lin	9				
1. DECEASED NAME	FIRST		WIOOFE	LAS	Ť		20 DATE OF DEATH MONTH	OAY	YEAR	2b. HO	UR
(TYPE OR PRINT)	Lilybelle			Gatt	attis January 29, 198				1 8:45A		5A,
1. SEX		4 RACE		5. DATE OF	BIRTH		6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER			YEAR IF UNDER 24 HRS	
Female Caucasian		sian [ecemb	er 5,18	388°	92 YRS	MONTHS	OAY5	HOURS	MIN	
BIRTHPLACE ISTATE OR FOREIGN 75. CITIZEN OF WHAT COUNTRY? Wary and U.S.A.			MARRIED WIDOWED		ARRIED ORCED	Montgomery County,					
Rockville	DEATH		HOSPITAL, NURSIN			TUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING SCHOOL TEACHER	LIFE) 12b.	KIND O USTRY Edu	F BUSIN	ess or r
BSUAL RESIDENCE (IF		other institution of the state	ROCKVIII	N 11	V	Y LIMITS?	5912 Muncaster	Mill	Ro	ad	
14. FATHER'S NAME Elias		WIOOFE	Price		s. mother's / Mary	MAIDEN NA/	Francis	Car	·lis	le	

No	(IF YES, GIVE WAR OR DATES)	545-36-8707A	Clara Shipe	(Same as	13e)	
	ATH (Enter only one couse pe WAS CAUSED BY: MMEDIATE CAUSE (0)	er line for (a) this and icise	1 asteriosclere	260	T i	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if or	ny, which ((b)_	OR AS A CONSEQUENCE OF				
		DR AS A CONSEQUENCE OF				

19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FIT			
			YES 🗌	NO	YES 🗌	NO 🗌
2 to ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE	D (ENTERN	ATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART	2)
21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET		CITY OR FOW	N COUNTY	STATE

AT WORK	NOT WHILE AT WORK	(AT HOME, STREET, FAC	TORY, OFFICE, FARM, ETC.)	SINCE		CITORIOWA	COUNTY	STATE
			sed from Vune	, 19	76, to	landay &	9, 19.81.	that (I) (we) It
sow the d	eceased alive an	TANKAGE 2	5 19 8/ one	that in (my) (our) a	pinion death occur	red on the date on	d hour and from the	couses stated

sow the deceased alive on above, (1) (we) (did) (did no	t) view the body ofter death.	ond that in (my	(our) opinion o	death accurred	on the date and h	our and from the causes stated
22b. SIGNATURE	111	DEGREE				22c. DATE SIGNED
	// /		ATTENIDING	AARTOIC AL	CTAFE	

22e. ADDRESS 22d. PHYSICIAN'S NAME (TYPE OF PRINT)

PHYSICIAN

23d. LOCATION 230. BURIAL, CREMATION, REMOVAL (SPECIFY) DLID TAL BURIAL Jan.31,1980 Monocacy Cemetery Beallsville

24. FUNERAL DIRECTOR Robert A. Pumphrey**Funeral Homes, Rockville, Maryland

DIRECTOR PHYSICIAN

STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR etained by the hospital

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10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral activated a should be detached for use as the buind-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled within 72 fours this death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

STATE OF MARYLAND

FOR - STATE REGISTRAR	DE		EALTH AND MENTAL HYGI CATE OF DEATH	ENE 8 I U	L. 64 L9
ECEASED NAME FIRST PE OR PRINT) - Jenni	MIDDLE	GE	LLER	JAN 2	7 81 8 17 M
FEM AL E	WHITE	MAY	25, 1895	85 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS.
RUSSIA	u.s.A.	WIDOWE	DIVORCED [Montgome	RY MD
Rockville	(IF NOT IN SUCH FACILITY, GIV HEBREW HOME	OF GREAT		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE GARMENT FINTSH	128 KIND OF BUSINESS OR INDUSTRY ER CLOTHING
MARY LAND MONT	ROTHER INSTITUTION, GIVE RESIDENCY NTY OF STLVE	CE BEFORE ADMISSION OF TOWN R SPRING	YES NO	11200 LOCKWOOD	DRIVE
FATHER'S NAME BENJAMIN	FREYE	Ř	IS. MOTHER'S MAIDEN NAM	MIDDLE	BEERMÄN
WAS DECEASED EVER IN U.S. AR NES NO OR UNKNOWN) (IF YES, GIV	IF IN I D O D O C SECO		17 INFORMANT SAMUEL J. BLA	CK, SILVER SPRIN	M LANE, G MARYLAND APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	NSEQUENCE OF			3 WEEKS
190 DATE OF OPERATION	19b. CONDITION FOR V	WHICH OPERATION	N WAS PERFORMED	INCERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
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OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED NOT WHILE AT WORK AT WORK AT WORK		OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	21e. PLACE OF INJURY (ATHOME, STREET, FACTORY,	OFFICE, FARM, ETC.) Iram 3 , on	3 STREET 3 19.75	leath occurred on the date and hour	19
E T BCF CIL	FEMALE IRTHPLACE (STATE OR FOREIGN VICENTIAL ITY OR TOWN OF DEATH OCKUILL AL RESIDENCE (IF NURSING HOME OF STATE MARY LAND ATHER'S NAME BENJAMIN WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) 18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause last PART 2. OTHER SIGNIFICANT	FEMALE IRTHPLACE (STATE OR FOREIGN ITY OR TOWN OF DEATH ILTY OR TOWN OF WHAT COULD HAVE RESIDEN ILTY OR TOWN OF DEATH ILTY OR TOWN OF WHAT COULD HAVE RESIDEN ILTY OR TOWN OF	FEMALE WHITE WHITE WHATCOUNTRY? B. CAUSSIA WARRIED WIDOWE ITY OR TOWN OF DEATH ITY OR TOWN OF DEATH ITY OR TOWN OF DEATH IAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) WARY LAND MONTGOMERY MONTG	TEMALE WHITE WAY S. DATE OF BIRTH MAY 25, 1895 WARRIED NEVER MARRIED NOCKUIL HEBREW HOME OF GREATER WASHINGTON NARYLAND NOTION NARYLAND MONTGOMERY SILVER SPRING 15. MOTHER'S MAIDEN NAM SENJAMIN FREYER RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION), GIVE RESIDENCE BEFORE ADDRESSION STATE STATE STATE NARYLAND MONTGOMERY SILVER SPRING 15. MOTHER'S MAIDEN NAM SENJAMIN FREYER RESIDENCE SENJAMIN NODIE FREYER 15. MOTHER'S MAIDEN NAM 2LOTA 16. SOCIAL SECURITY NO. 17. INFORMANT NOTHER'S MAIDEN NAM 2LOTA NOTHER'S MAIDEN NAM 18. CAUSE OF DEATH (Enter only one cause per line large), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last (b) DUE TO, OR AS A CONSEQUENCE OF 198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	ECAPIE CAN LE CALLER S. DATE OF BIRTH MAY 25, "AN 1895 85 YRS." IRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED WIDOWEDXX DIVORCED MONORCED WIDOWEDXX DIVORCED MONORCED MONORCE

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the buriol-transit permit. Then please remave corbanpape and Mental Hygiene prior to buriol, cremation, or remaval.

FOR STATE REGISTRAR

Robert A. Pumphrey Funeral Home Bethesda, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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1. DECEASED NAM	AE FIRST Rober	+	John		AST CHARDT	2a. D/	TE OF DEATH January	MONTH	DAY YEAR 1981	2b. HOUR
	RODEL		JOHN							5:40A
3. SEX Male		4. RACE Cauca	asian	5. DATE O			(IN YEARS LAST BIR	THDAY)	MONTHS DAYS	HOURS MIN.
Illine			d State	MARRIE	D NEVER MARR	ED 🗆	TIMORE CITY O	R COUN	TY OF DEATH	
10 CITY OR TOWN	OF DEATH	11. NAME OF	HOSPITAL, NURS	ING HOME C	or other institution al Center	ON 12a U	SUAL OCCUPATION WORK FOR MOST C	ON	WEEL INDUSTRY	F BUSINESS O
USUAL RESIDENCE 130. STATE Marylan	d I MONT		13c CITY OR TO Chevy C	WN	13d. INSIDE CITY LI		REET ADDRESS	der	Lane	
14 FATHER'S NAM Robert	-	av Ger	rhardt		15. MOTHER'S MAP Anna		Augusta	J	ohnson	T
160 WAS DECEAS (YES, NO OR UNK) Yes	ED EVER IN U.S. AR	MED FORCES? E WAR OR DATES) -66	318 09		Mrs. Mar	ian M.	ADDREW. Gerha		See item	13
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00.000.170.01	TING CAUSE OF DEA	TH HOUR A	A.M. MONTH P.M.	DAY YEAR 19		OCCORNED (E	NER NATURE OF INJU	KY IN HEM H	B, PART + OR PART 2)	
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(SPECIFY)	ATION REMOVAL	23b DATE	Feb. 230	NAME OF C	EMETERY OR CREM	TORY 23d	LOCATION			
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DHMH-16 30M 2/80 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the buriol-transit permit, with the State Dept. of Health and Mental Hygiene prior IMPORTANT. If them 21 is marked or them 18 shaws any

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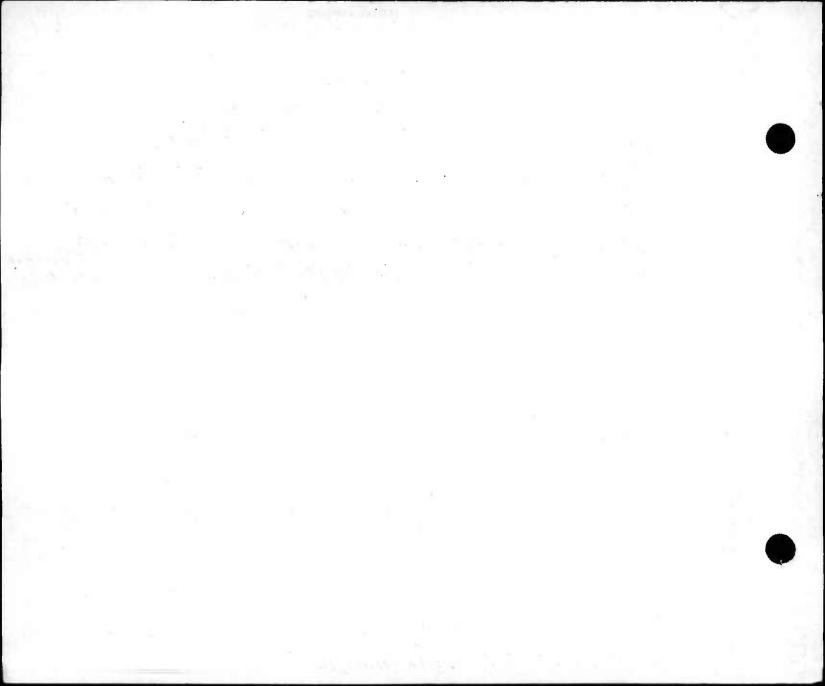
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be

etained by the hospital or attending physician.

DHMH-16 30M 2/80 (VRA 15, 4)

		REGISTRAR		CERTIFICA	ATE OF DEATH	REG. NO		· In
. 1		CEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	AONTH DAY YE	AR 26. HO
1	3 SEX	FILAM	ENA G	5. DATE OF B	TRONI	6. AGE (IN YEARS LAST BIRTH	IDAY) IF UNDER 1	YEAR IF UNDE
7	0.00	FFMAIF	WHITE	MONTH	26.1890	90	YRS.	DAYS HOURS
27		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	8	NEVER MARRIED	9. BALTIMORE CITY OF		Н
11		ITALY	u.s.A.	WIDOWED	DIVORCED [MONTGO.		
70		BETHESDA	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE SUBURBAN	HOSPIT	AL	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF HOMEMA	WORKING LIFE) INDUS	ND OF BUSIN
25			ROTHER INSTITUTION GIVE RESIDENCE BEFORM NTY 13c. CITY OR TON BETHESDA		I INSIDE CITY LIMITS?	13e. STREET ADDRESS 9303 WISC	ONSIN AVE	NUE
50		THER'S NAME FIRST PASOUALE	MIDDLE CIATTI	15.	MARIA	WIDDIE		istell ZYÖNF
		VAS DECEASED EVER IN U.S. A	IVE WAR OR DATES)		INFORMANT	ADDRES		
		NO	577-03		YOLANDA G. C	OLELLA SAME		
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	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b) AVPEROSMOLAR COMA						/	odeq.
7/4	Š,	gove rise to immediate couse (a), stating the underlying couse last.	7	ISNICS OF	+ Delyd	ation		2 web
	NOI	PART 2 OTHER SIGNIFICANT	conditions contributing to	DEATH BULNO	T RELATED TO THE TERM	nal disease or cond	ITION GIVEN IN PA	RT 1(0)
	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION V	VAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	
2	-		7 21b. TIME OF INJURY	2	L. HOW INTUING OCCUPE	ED (FAITED ALLTHUSE OF BUILDING	IN HEM 18 PART 1 OR PAI	RT 2)
29	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH		IL HOW INJURY OCCUR	ED (ENTER NATURE OF INJOR		
29	MEDICAL CERT	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	PAY YEAR 19	IL LOCATION STREET	CITY OR TOW		TY
29	-	OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hasp	HOUR A.M. MONTH E P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE.	PAY YEAR 19 FARM, ETC) 21	(. LOCATION	CITY OR TOW	IN COUN	, that 🎢
29	-	OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hasp	ATH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, part) offended the deceased from,	PARM, EIC)	(LOCATION STREET , 19 7 hot in (M) (our) opinion of the control	CITY OR TOW	Jaw. 19 £	the couses s
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g physicia onpapers: emoval.			PART I. DEATH WAS CAUSE	nly one cause per line for to (b), and D BY. TE CAUSE (a)	india ente	es leggread)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH/ RACE//S
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ng physici certificate prial-transi ental Hygi	9		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	AY YEAR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
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BP.		230 8	WELL, CREMATION, REMOVAL	23b. DATE 23c. N	NAME OF CEMETERY OR CREMATORY EDAR HILL CRE	23d. LOCATION CITY OR TOWN	AND PGC Md.
DHMH-16 20/ (VRA 15, 4) 7/		24 FI	UNERAL DIRECTOR	ERS CO SILVE	655 GEORGIA AND PA	2 6 1981	



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TO FUNERAL DIRECTOR: should be detached for use as with the State Dept. of Healf

DHMH-16 25M (VRA 15, 4) 1/79

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO ALD DIE LAST 2a DATE OF DEATH MONTH YEAR 2b. HOUR 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR MONTHS DAYS HOURS 1592 MAR Th. CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MONIGOMER WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY nBen AUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION IVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? YES P 3000 Me NO [15. MOTHER'S MAIDEN NAME LAST FIRST MIDDLE IENAU 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT I IF YES, GIVE WAR OR DATES! MONR JERMANIOWN APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) SEPTICEMIA IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF PANCREA TITIS DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) P.M

CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY CITY OR TOWN STATE NOT WHILE WHILE AT WORK AT WORK 22s I certify that (1) this haspital) attached the deceased from

> dy after death DEGREE 22c DAFE SIGNED ATTENDING MEDICAL STAFF
> PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS FARRAGUT AVE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

236. DATE

23c. NAME OF CEMETERY OR CREMATORY

NSING TON 23d LOCATION

(our) opinion death occurred on the date and hour and from the causes stated

FUNERAL DIRECTOR

23a. BURIAL, CREMATION, REMOVAL

22b. SIGNATURE

FOR

REGISTRAR

TO BIRTHPLACE (STATE OR FOREIGN

eBRASK A

ID CITY OR TOWN OF DEATH

MILTON

136 COUNTY

PART I. DEATH WAS CAUSED BY

Conditions, if ony, which

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DECEASED NAME

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14 FATHER'S NAME

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FOR

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- STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

(VRA 15, 4)

DHMH-16 30M 2/80

24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Takoma Funeral Home, 254 Carroll St., N.W.D.D.

2b. HOUR

17h KIND OF BUSINESS OR

APPROXIMATE INTERVAL

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ATTENDING PHYSICIAN:

STATE OF MARYLAND

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EVA M	USU/ 13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	ROTHER INSTITUTION,		ADMISSION	134 INSIDE CITY LI	MITS?	6813 TILD	EN LA		20852
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Ä	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY					17 INFORMANT	===	ARGRE	S TILD	EN LAN	
ER	-0	NO (IF YES, GN	E WAR OR DATES	159-20-	MRS. JA	ANICE	OLTMAN ROC		MD 20	852	
PE		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)		BETWEEN ONSET AND DEATH 2 Mars with							
RELEASED		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b)	AS A CONSEQUE AS A CONSEQUE INTRIBUTING TO E	epce of	ed on	HE TERMIN	al DISEASE OR CONC	DITION GIVEN	8-1	O year
AND	1										
ERS	THE T	190 DATE OF OPERATION	1% CONDIT	TION FOR WHICH	WHICH OPERATION WAS PERFORMED					WERE FINDINGS USED ING CAUSES OF DEATH?	
ROG	WEDICAL NETHINE A HON	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.A	A. MONTH DA	AY YEAR	21c. HOW INJURY	OCCURRE	O (ENTER NATURE OF INJUR	Y IN ITEM 18, PAR	T I OR PART 2)	
JOHN	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE	21s PLACE C	OF INJURY SET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
		22a. I certify that the hosp saw the deceased alive or above (() (we) (did) (did no	vec.	19 8	000	, , ,		to DCC.			hat (I) (we) last auses stated
DOCTOR		27h SIGNATURE	ovel					MEDICAL STAF		JAN.	7 1981
1	22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22R ADDRESS										
1		DR. EVA M. M		 				RGETOWN RD.	BETHE	ESDA MI	
	230. B	URIAL, CREMATION, REMOVAL	10.4			EMETERY OR CREM	ATORY	FOX CHA		N.	STATE
	24 FL	BURTAL JNERAL DIRECTOR 11	JAN 1	1-01			25e. DATE R	EC'D. BY REGISTRAR	-		P. me
9		DANZANSKY-GOLDI	BERG MEMO	ILLEDERK ORIAL CHA	PELS	TPPE MD.	JA	N 1 2 1981	prop	7	and a

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Tem-18 shows any injury, or other traumatic event, the medical examples must

JAN I 2 1381 Fally School

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, p should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed within 72 haurs after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar ather traumatic event, the

IMPORTANT: If Hem 21 is marked or Item 18 shaws any

V	
1	3
(M	h (1
6	oge death

executed within 24 hours after death. Page

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENE

8	1	0	2	3	
	REG. NO.				

1-	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.	6 4	2 1	
	CEASED NAME	FIRST	A	AIDDLE	-	LAST	2a. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR	
(ITPE	OR PRINT)	dgar	Dea	an	Golde	en	January 2	21, 198	1	1:40PM	
3. SEX	Male		RACE Whi	te	5 DATE O	H . DAY YEAR .	6 AGE (IN YEARS LAST BIR	YRS.	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
C	RTHPLACE (STATE OR 1 OUNTRY) braska	FOREIGN 7	Th. CITIZEN OF WHAT COUNTRY? 8 MARRIED Note of the mark of the				9 BALTIMORE CITY OR COUNTY OF DEATH				
Be ⁻	thesda	1	Tinica	FACULTY, GIVE STREET	Beth	nesda, Md (NII) Purcahsi	ión ng Mg	126. KINDS INDUSTRY C.VIC	kers Co	
13e. S	L RESIDENCE (# NURS TATE Arkansas	I'M'	te	13c. CITY OR TOW Searcy	ADMISSION)	134 INSIDE CITY LIMITS? YES 💆 NO 🗌	130 STREET ADDRESS	n Irail	. 7214	13	
14 FA	Noel	M	ODLE	Golde	n	Julia	Jeän		Ruhge	3	
160 W Y€	AS DECEASED EVER		ed forces?	506405		Mrs. Patric	ia Golden (:	same as	above	2)	
7	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU							DITION GIVEN	IN PART 10	31	
MEDICAL CERTIFICATION	19a DATE OF OPERA	TIÔN	19b. CONDI	TION FOR WHICH	OPERATIO	IN WAS PERFORMED	20a. AUTOPSY? YES [X] NO	20b. IF YES, V IN CERTIFY!! YES			
ICAL CER	210. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEAT	P./	M, MONTH DA M.	AY YEAR	21c. How injury occuri	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART ?}		
MED	21d. INJURY OCCURI	RK	1	EET, FACTORY, OFFICE F		211 LOCATION STREET	CITY OR TO		COUNTY	STATE	
	22a. I certify that (1) sow the decease above (Hywe) (4 22b. SIGNATURE	Athis hospitored of the did (did field)	view the body	ofter death.		DEGREE		ote and hour a	0 1		
230 B	22d. PHYSICIAN'S N. PEORO URIAL, CREMATION,	EAS	PRINT)		NAME OF C	PHYSICIAN CLINICAL 22e. ADDRESS NAT Clinical EMETERY OR CREMATORY	MEDICAL STA DIRECTOR PHYSIC IONAL INS Center, Be	LILULE	s of	Health 20205	

BP.

ar attending physician. PHYSICIAN;

TO HOSPITAL OR ATTENDING retained by the haspital or att

DHMH-16 30M 2/80 (VRA 15, 4)

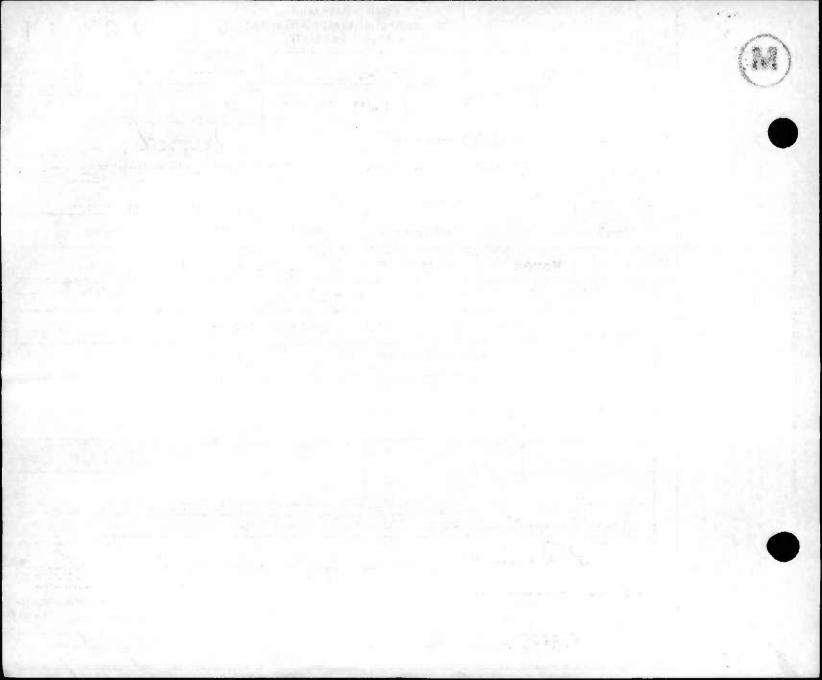
Burral Jan.26 Pearson's Funeral Falls Church, Was. 24. FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY Rosewood Cemetery Home 22046

23d. LOCATION Palmyra, Nebraska

STATE

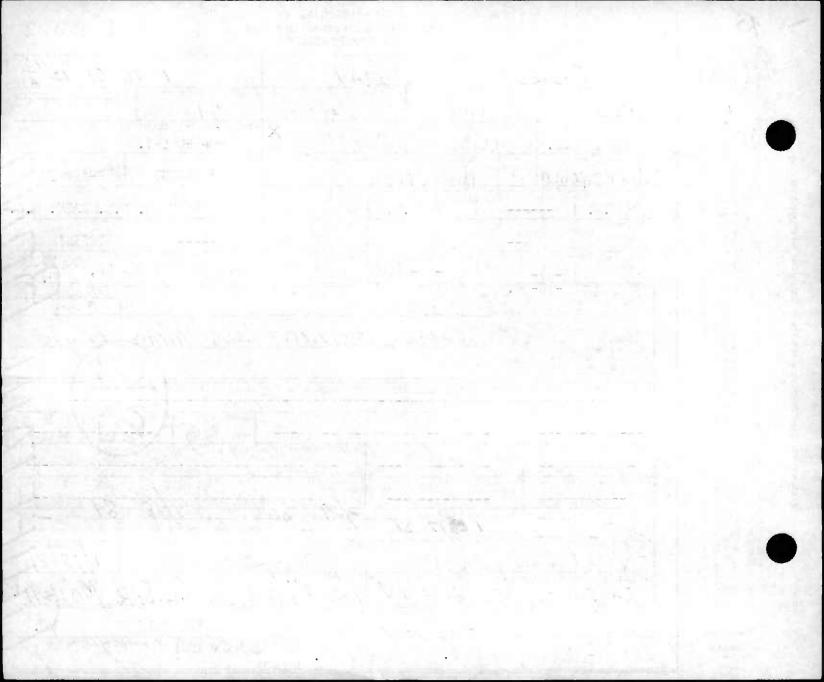
JAN 2 6 1981



	1 -	REGISTRAR		CERTII	FICATE OF DEATH	REG. NO	0.	
0		CEASED NAME FIRST SADO	MIDDLE	Got	1AST	20 DATE OF DEATH	MONTH DAY YEA	2b. HOUR/2
	3. SE		14. RACE White	5. DATE (6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HR
58	70. BI	RTHPLACE (STATE OR FOREIGN BOSTON, MASS.	76. CITIZEN OF WHAT COUL	NTRY? 8. MARRIE WIDOW		9 BALTIMORE CITY O	R COUNTY OF DEAT	н
68	1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV	e street address)		120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O PHARMAC		ND OF BUSINESS OF HARMACY
1/	13a. S	ASH D.C.	NTY 13c CITY	R TOWN H D.C.	13d. INSIDE CITY LIMITS? YES X NO	3636 16	h st. N.W.	WASH. D.
01	14. FA	THER'S NAME HYMAN	MIDDLE GOR		REBECCA	MIDDLE		OFSKI
3				07-2255	HERBERT KU	SHNER 6313	TILDEN LA	ROCKVILL MD.
Velli, ii.		18. CAUSE OF DEATH TENER OF PART I. DEATH WAS CAUS		(b), and (c),)	Sellings, swige			PROXIMATE INTERVAL VEEN ONSET AND DEATH
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON		OBSTRUCTIVE	LUNG DI	SEASE 2	2418
ulory, or or	NO	PART 2. OTHER SIGNIFICANT	(c)CONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TERM	Inal disease or con	DITION GIVEN IN PAR	(T 1(o)
2	0	19a DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	ON WAS PERFORMED	200. AUTOPSY?	206. IF YES, WERE FIT IN CERTIFYING CAL	
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONT P.M.	H DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PAR	T 2)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, G	OFFICE, FARM, ETC }	211. LOCATION STREET	CITY OR TO	WN COUNT	Y STATE
om si i z		22a I certify that (I) (this base sour the deceased alive a above (I) (we) (did) (did	1 /400 11	- C)	nd that in (my) (****) opinion o	, todeath occurred on the de	19 ond hour and from	, that (I) (ma) lo
E		27b. SYCHATURE	lhanann		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	FF _	ATESIGNED
		22d. PHYSICIAN'S NAME (TYPE	. SELIGN	IANN	8630 FENTO	N ST. S.	IL. SPR. I	Mo 2091
	23a E	URIAL, CREMATION, REMOVA SPECIFY) BURIAL	1-21-81		HADATH CEM	23d LOCATION ROS	EDALE COUNTY	MD".
	24 FL	INERAL DIRECTOR NZANSKY-GOLDBE	RG MEM CHAP	PRESS ROCKV	ILLE MD. 250. DAT	JAN 2 Be 198	25b. REGISTERINGS STORE	MATTER

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-16 30M 2/80 (VRA 15, 4)

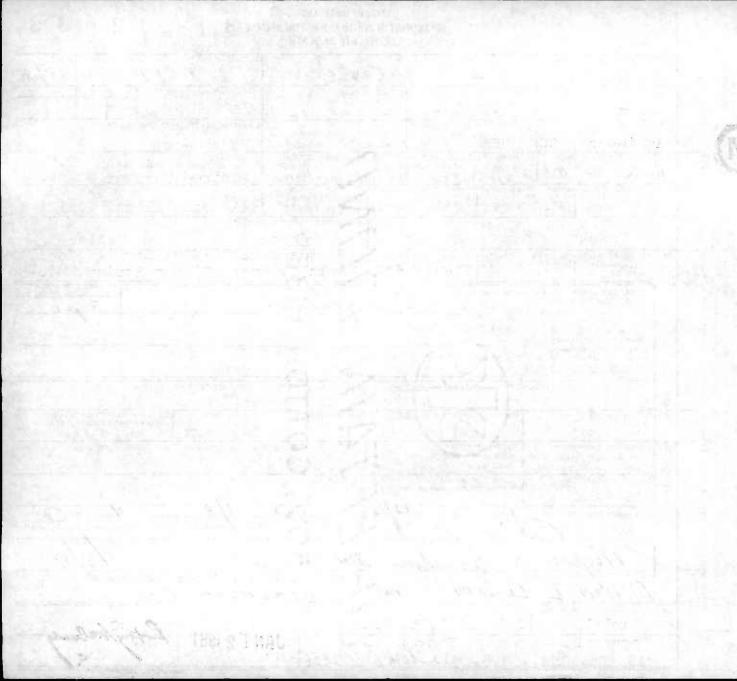


						STAT	E OF MARYLAND	40		-		toring things
	1	FOR STATE			DEPA	RTMENT OF	HEALTH AND MENTAL HYG	GIENE 8		0	2 4	3 3
	' '	REGISTRAR				CERTIF	FICATE OF DEATH		REG. NO			
		CEASED NAME	FIRST	Ä	AIOOLE		LAST	2a. DATE O		ONIH	DAY YEAR	2h HOUR
	(TYPE	ATHYRM	0	H	1	ORI	AVE5	/	-8-	81		9 Am
- 11.7	3. SE	X	4	RACE	3787	5. DATE (6 AGE (IN	YEARS LAST BIRTH	DAY)	MONTHS DAYS	IF UNDER 24 HRS
		F		CAU	CASIA	N 2	25 05	75		YRS	M.G. M.G.	MIN.
8.10		RTHPLACE (STATE OR F	OREIGN 7	b. CITIZEN OF	WHAT COUNT	RY? 8.	D NEVER MARRIED	9 BALTIMO	RE CITY OR	COUNTY	OF DEATH	
1 2	Wa	shington		USA		WIDOW	ED DIVORCED		tgome			MD
1	10. CI	TY OR TOWN OF DEA			HOSPITAL, NU		OR OTHER INSTITUTION	12a USUAL	OCCUPATION MOST OF	N WORKING H	12b. KIND O	BUS CESS OR
210	7	odkville.	md	10 11.	295 WC	1 1	URSing Home	Ret	ired	Teac	her Sc	hools
0	13n S	AL RESIDENCE (IF NURS	NG HOME OR O	OTHER INSTITUTION.	GIVE RESIDENCE B	EFORE ADMISSION)	\$13d. INSIDE CITY LIMITS?	113e STREET	ADDRESS			
彭	M	aryland	Mont	gomery	Sil.	Sprin	GES NO	9410	Hale	Pla	ce, 20	910
anion (14. FA	THER'S NAME		IDD15	1467		15 MOTHER'S MAIDEN NA	ME	WIODLE			
/シレ		Frank		A.	Hugh	es	Margare	t	MIODIE		Walla	ce
0		VAS DECEASED EVER				ECURITY NO.	17 INFORMAL daugh					
med	(,	no or unknown)	(IF YES, GIVE	WAR OR DATES)	216-4	6-9333	Paula G. S	Snapp	-Silv	er S	pring,	Md.
4		18 CAUSE OF DEATI	(Enter only	y one couse per	lunge for (a), (b), and (c).)					APPROXIV BETWEEN C	MATE INTERVAL
vent		PART I. DEATH W	AS CAUSED IMMEDIATE	BY:	in	hoses	or Lever				34	n
a de la		3715	MANAGONATE		R AS A CONSE	OUENCE OF					1	
, mo		Conditions, if ony,	which	(b)	(AS A CONSE	QUENCE OF					1000	
r fr	- 17	gove rise to imm	rediote	DUETO	R AS A CONSE	OUENCE OF			N 2017			1144
othe	00	underlying couse		(6)	R AS A CONSE	OUENCE OF						
y, or		PART 2. OTHER SIGN	IFICANT CO	ONDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEAS	SE OR COND	ITION GIV	EN IN PART 110	1
in in	NO.											
ony	CERTIFICATION	19a. DATE OF OPERAT	ION	19b. CONDI	TION FOR WH	IICH OPERATIO	N WAS PERFORMED	20a AUT	OPSY?		WERE FINDIN	
ows	Ī							YES 🗌	KKN		S [NO [
8 ch	CER	21a. ACCIDENT WAS UND		21b. TIME O	FINJURY M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTERN	ATURE OF INJURY	IN ITEM 18	PART I OR PART 2}	
tento	AL	OR CONTRIBUTING C		H HOOK A.		19	1.7					
or #	MEDICAL	21d. INJURY OCCURR	ED	21e. PLACE			21f. LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
morked	×	WHILE NOT WHE	K	(AT HOME, STR	EET, FACTORY, OFF	ICE, FARM, EIC }	JIKEE		/			
9	-	22a.1 certify that (1)	(this hospite	ol) of ended the	e deceosed fro	m 12/2	3 1988	, to	8		198/	thor (I) (Ve) lost
21 is		sow the decease above, (1) (we) (d	d olive on	Why the best	ofter death	9 8 .0	nd that in (my) our) opinion	deoth occurr	ed on the dot	e and hou	r and from the	ouses stated
tem tem		226. SIGNATURE	Id) Old Hor	Siew Tile Gody	offer death.	-	DEGREE	41	100		224, DATE :	SIGNED:
T T		Mun	on	XO	lens	bus	MO ATTENDING PHYSICIAN	MEDICAL	STAFF		1/8/	181
Z Z		22d PHYSICIAN'S NA	ME (TYPE OR	PRINT			122e ADDRESS 230	1915	HORE	FIEZ	ORD	-
MPORTANT:		MYRON	6.	LENA	IN	MO	1.1 H	EAT	N/	no	/	
3 4	23a. B	BURIAL, CREMATION,	REMOVAL	23b. DATE	I	3c. NAME OF C	EMETERY OR CREMATORY	23d. LOC				
	(Burial				Mt. Ol		Was	hingt	00,	DC	STATE

24 FUWAL MET E. Pumphrey, Inc., 8434 Ga. Ave., S.S. Md.

TO FUNERAL DIRECTOR:

TO HOSPITAL OR ATTENDING PHYSICIAN: The low



FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		T					

		REGISTRAR		CERTIF	ICAIL OF	PLATII	REG. N	10.				
		CEASED NAME FIRST	MIDDLE		AST		28. DATE OF DEATH	MONTH	DAY	TEAR	2h. HD	UR
ą,	TITPE	Harry		Gree	nberg			/	19	81	14	Am
7	3. SE)	X	4 RACE	5. DATE C	OF BIRTH	- 1	& AGE IN YEARS LAST BE	(YAOHTS	_	CATTEND.		# 24 HBS
		Male	Cauc.	Mar	15"	1888	92	YRS.	1	DAYS	Aoues	M.W.
7		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	A A A B D IE	NEVER	MARRIED [9 BALTIMORE CITY	OR COUNT	Y OF D	EATH	. 11.	
1		ussia	USA	WIDOWE	D 0	NORCED	Montgon					MD
		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN				128. USUAL OCCUPA'			KIND O	F BUSIN	VESS OR
9		ethesda	Dethesda keti	reme	nt Ce	nter	Grocer			et.	Gr	ocer
5	Mc	AL RESIDENCE IN NURSING HOME OF	tgomery Sil. Sp	N.		CITY LIMITS?	8201 16t	h St				
00	14. FA	Aaron	Greenb	erg		'S MAIDEN NAV	WE			u'n	k.	
		VAS DECEASED EVER IN U.S. AF YES, NO ORUNKNOWN) (IF YES, GR	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES)	IRITY NO.	17 INFORM	Su	mner, Md,	ESS				
		<u> </u>	1579-10-	3214	Leon	ard Gr	eenberg.	990	Sen	tin	-1	Dr
		18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and ic). PART I, DEATH WAS CAUSED BY:										D DEATH
			TE CAUSE (a)	(.ft)	K ///TC	HKI	(19)				14	12.
		4140	DUE TO, OR AS A CONSEQUE	ENCE OF	2 4	1 1		- \	9. 5		44	
	-	Conditions, if ony, which	(b)	MR	ER1040	PEROTI	C HEART	17145	H47	11	/L y	R4
		gove rise to immediate couse (a), stating the	3						110		1	
		underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF								
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO I	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR COM	NDITION G	IVEN IN	PART 1	01	
	Z O											
3	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?			E FINDIN		
7	TIFE		and the second second				YES NO		ES 🗍	CAUSES	NO	_
2	8	210. ACCIDENT WAS UNDERLYING	LUCUS ALL MONTH O	VEAD	21c HOW 1	NJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18.	PART I OF	R PART 2)		
		OR CONTRIBUTING CAUSE OF DE		AY TEAR								
	MEDICAL	214. INJURY OCCURRED	21e PLACE OF INJURY	17	211 LOCAT	ION				-		
	ME	WHILE NOT WHILE T	(AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC)	STREE		CITY OR TO	WN	co	UNTY		STATE
		220-1 certify that (I) (this hosp	oital) attended the decessed from_	198	ot.	19.80		19	. 19.	7	that (I)	(we) lost
		sow the deceased alive or obove. (1) (we) (did) (did no	ot) view the body after death.	. 01	nd that in (m)	(aur) apinion	deoth accurred on the	date and ha	our and I	from the	causes s	stated
		226. SIGNATURE	1. 1.01	444	DEGREE		35-13-14-		2	2c. DATE	SIGNET	
	14	yauk	AUBERMON	m	1/	PHYSICIAN	MEDICAL STA	AFF ICIAN []		1-1	9-	81
226 PHYSICIAN'S NAME (TYPE OLIVINT) 220 ADDRESS									1	1		
		Saul Zuker	rman		541	O CON	NECTICI	17/	711	2 4		
	23a. 8	BURIAL, CREMATION, REMOVAL				CREMATORY	23d. LOCATION		COUNT	(Y	-	STATE
	,	Burial	Jan.20,81 M	t. L	ebano	n	Hyattsv	ille	P.	G.	Md.	

DHMH-16 25M (VRA 15, 4) 1/79

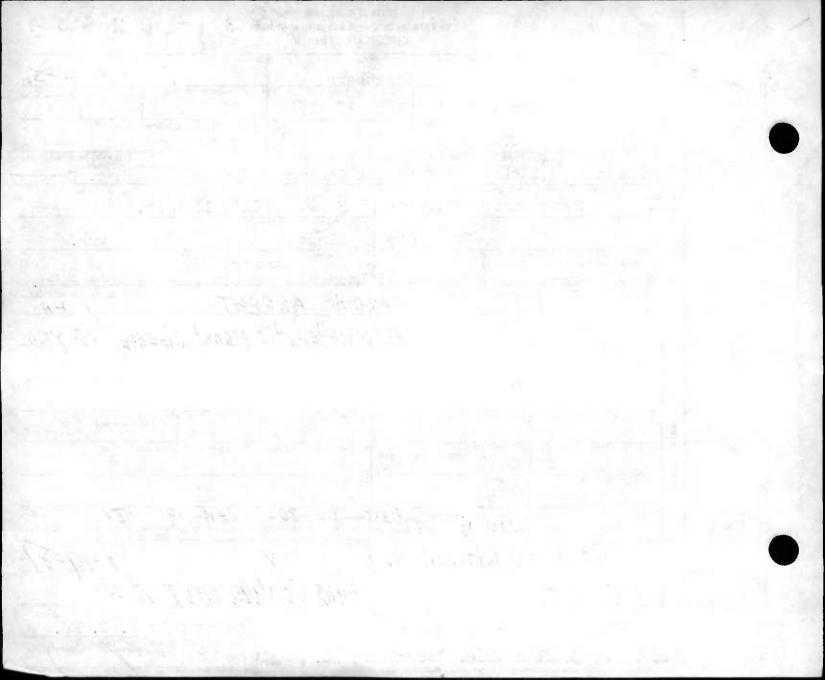
IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the mee

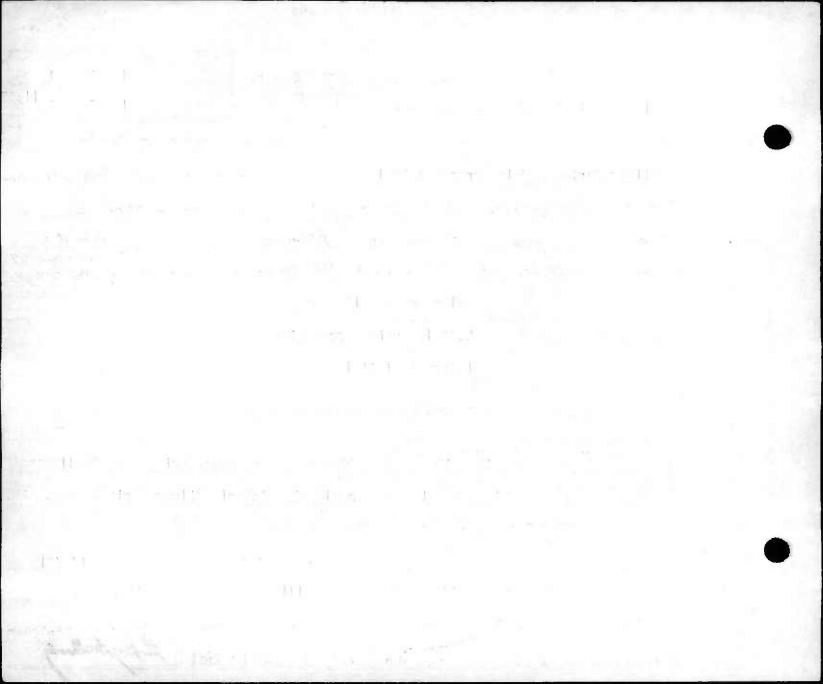
Danžansky-Goldberg, Inc. **Rockville, Md.

Tailory 1236 LOCATION Hyattsville P. G. Md.

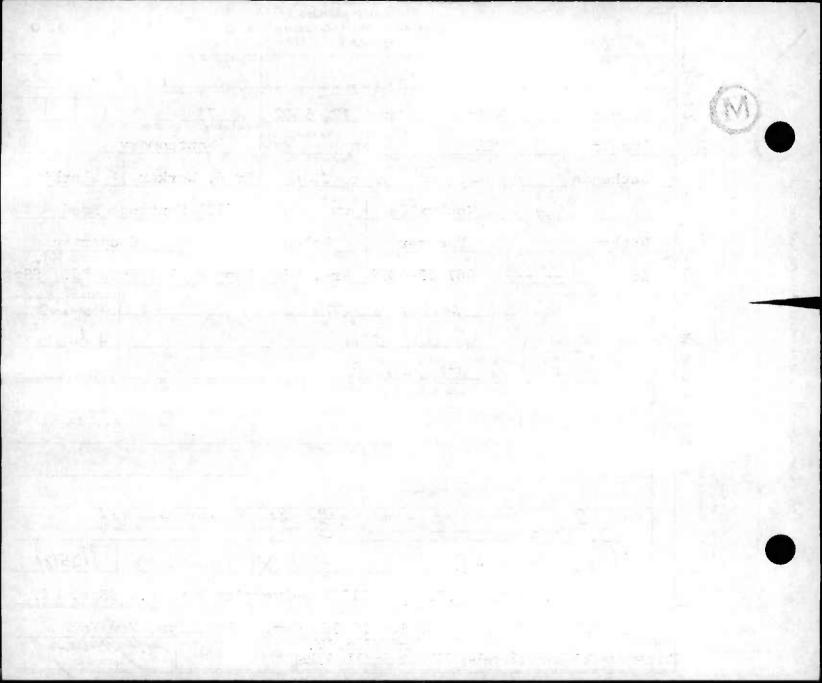
1256 DATE REC'D. BY REGISTRAR 256 RECISTRAR'S SIGNATURE

JAN 2 3 1981





1 - S1	OR FATE EGISTRAR	DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8 REG. NO	0 2	4 3 6
1. DECEA	SED NAME FIRST Ann 2	MIDDLE GYO	s S	20 DATE OF DEATH	1 25 8	26. HOUR 3/ 4:55 AM
SEX F	emale	RACE S. DATE C		6 AGE (IN YEARS LAST BIRTI		TYEAR IF UNDER 24 HRS DAYS HOURS MIN.
7a. BIRTH	IPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COLINTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OF		TH MD.
2 271/2	ethesda	. NAME OF HOSPITAL, NURSING HOME O	or other institution	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Prod. Work	ON 12b. K	IND OF BUSINESS OR USTRY Clothing
USUAL R 130 STA	ESIDENCE (IF NUR HO HO OR DI	RINSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. CITY OR TOWN OMERU ROCKVILLE	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 6121 Mc		
N N	athan	Packter	Helen	WIDDLE		erman
東京市道 1 MARE	DECEASED EVER IN U.S. ARME NO OR UNKNOWN) (IF YES, GIVE W	D FORCES? 166 SOCIAL SECURITY NO. VAR OR DATES) 067-03-0959	Mrs. Edna	Tepper;	701 Hyde	
at physics on paper and the second se	CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I IMMEDIATE	ane couse per line far (a), (b), and (c).) BY: CAUSE (a) Candia	systole		BE'	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
	4360 anditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	toke		2	days
# 425 + 0	ove rise to immediate ouse (a), stating the nderlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	ris .			1ears
5 75 0 5 10 1	ART 2 OTHER SIGNIFICANT CO	nditions <u>contributing to death</u> but	NOT RELATED TO THE TERMI	nal disease or cond	DITION GIVEN IN PA	ART 1(a)
t. The low required to the	DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a. AUTOPSY? YES □ NO NO	20b. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH? NO [
24 222 000	D. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PA	ART 2)
The second second	M. INJURY OCCURRED WHILE NOT WHILE WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOV	VN COUR	NTY STATE
A HOLL A HOLL	saw the decreased alive on above [[//weilland] (did na))	19	nd that in (my) (aur) opinian d	eoth occurred on the da	te and hour and fro	, that (I) (we) last om the couses stated
0 4 0 40 5	JANAS 12	nen had	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	DATE SIGNED
O HOSPITA TO FUNERA TO FUN	MARK S. R	ROSEN, M.D.	1131 Univer	rsity Blve	w., ss	pg, Md.
22a BIID		236. DATE 236. NAME OF C	EMETERY OR CREMATORY Fields Cem.	23d. LOCATION	yn New	
DHMH 16 30M 2/80	RAL DIRECTOR		Lle. Md. 250. PATE	REZ D BY TEST RAR	Speries /	modera



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	th	nov mat
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	TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, meshould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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	1.	FOR - STATE		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8	0 2	437
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Sinem	130.	STATE VINE CO	AE OR OTHER INSTITUTION, GIVE RESIDE OUNTY 13c. CITY NOW	OR TOWN	134 INSIDE CITY LIMITS? YES MO	13. STREET ADDRESS P.O. BO		Market
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the me	16a. V	VAS DECEASED EVER IN U.S.	CAR WAR OR CAPECI	-74-5325	IZ INFORMANT OF AT	t G. Tuck	same a	as above
ows any injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICAL 190 DATE OF OPERATION	NT CONDITIONS <u>CONTRIBU</u>		NOT RELATED TO THE TERM	INAL DISEASE OR CON	20h. IF YES, WERE	PART I I O O O O O O O O O O O O O O O O O
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tem 21 is		saw the deceased alive	ospital) ottended the deceose on 12/26/ d.not) view, the body after dea	1980 0	nd that in (my) (aur) opinion	death occurred on the de		
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within 24 hours after death. Page, sletely filled in by the function

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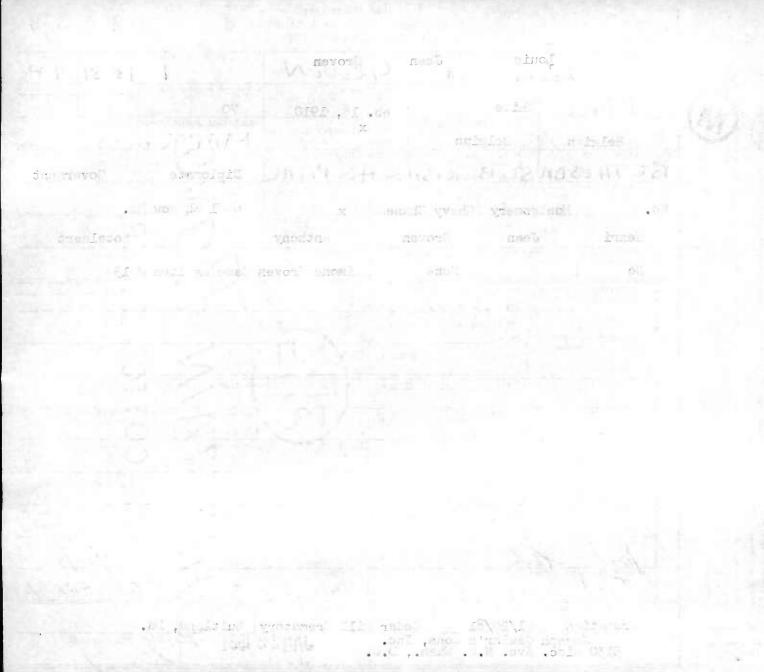
TO HOSPITAL OR ATTENDING PHYSICIAN; The low retoined by the hospital or attending physicion.

	1.	FOR STATE REGISTRAR			DEPARTM	NENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		() (G. NO.	2	4 3	8
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medicol		WAS DECEASED EVER YES, NO OR UNKNOWN) NO		ED FORCES? WAR OR DATES)	None	RITY NO.	17 INFORMANT Simone Grove		n Same as item #			
, or other froumotic event, the		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE Of Conditions, if only, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT COL		BY: CAUSE (0) DUE TO, O (b) DUE TO, O (c)	PR AS A CONSEQUE	NCE OF	Jon accid			0		VAL DEATH
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ed or liem 18 s	MEDICAL CE	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MED 21d. INJURY OCCUR WHILE [] NOT W	CAUSE OF DEATH	P. 21e PLACE		19	216. HOW INJURY OCCURR 216. LOCATION STREET		OR TOWN	E PART I OR PART		TATE
PORTANT: If Item 21 is morked		220.1 certify that (I sow the decess obove, (I) (we) (I STATURE)) (this hospito sed olive on_ did) (did not)	view the body	ofter deoth. 19_6		DEGREE ATTENDING PHYSICIAN 22e ADDRESS 94/0 0/8		STAFF		the couses sto ATE SIGNED 19/8/ Bethe	,
		BURIAL, CREMATION (SPECIFY) Cremati	on	23b. DATE 1/20/	81 C	edar	EMETERY OR CREMATORY Hill Cremator		and, Md.			TATE
	24 F	NAME 5130	wisc.	Gawler Ave. N	s Sons.	Inc. D.C	JANZ	ZE1961 REGIS	TRANSPIRE BEG	STRARYSIG	NATURE	

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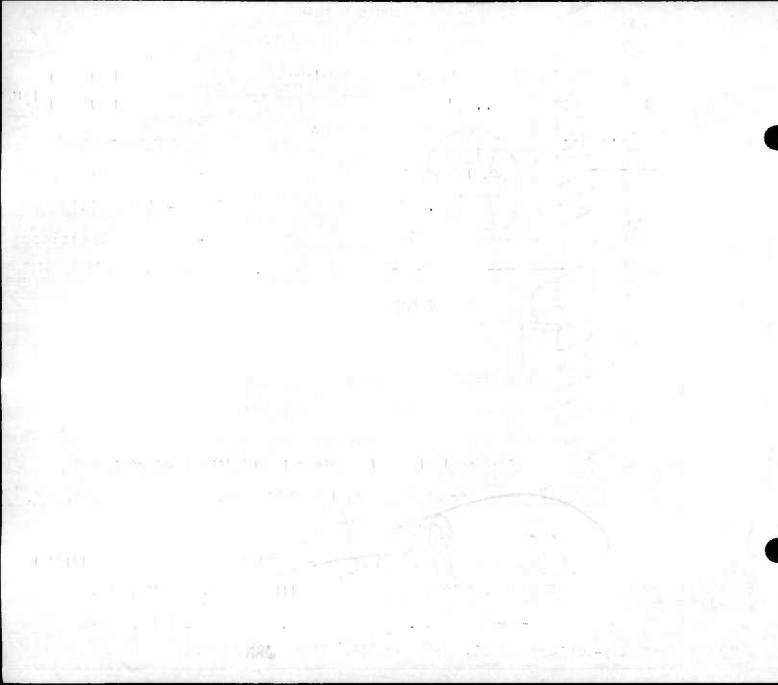
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filled will with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY EXECUTE THE CERTIFICATE, WRITING THE WORD." PRINCIPLINITEM 18, GIVE PAGES 1, 2, AND 3 TO THE FUNCTION PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 TO FUNCTION TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, THAN AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH MOMENTAL HYGENE, DIVISION OF VITAL RECORDS, 201 WITH PLANSING FORMS.
DIVISION	TO MEDICAL EXAMINER: THIS CERTIFICAL EXECUTE THE CRETIFICATE, WRITING THE PAGE 4 SHOULD BE FORWARDED TO IT OF JUNEAU DIRECTOR: PAGE 3 SHOUL AFTER DEATH, WITH THE STATE DEATH.

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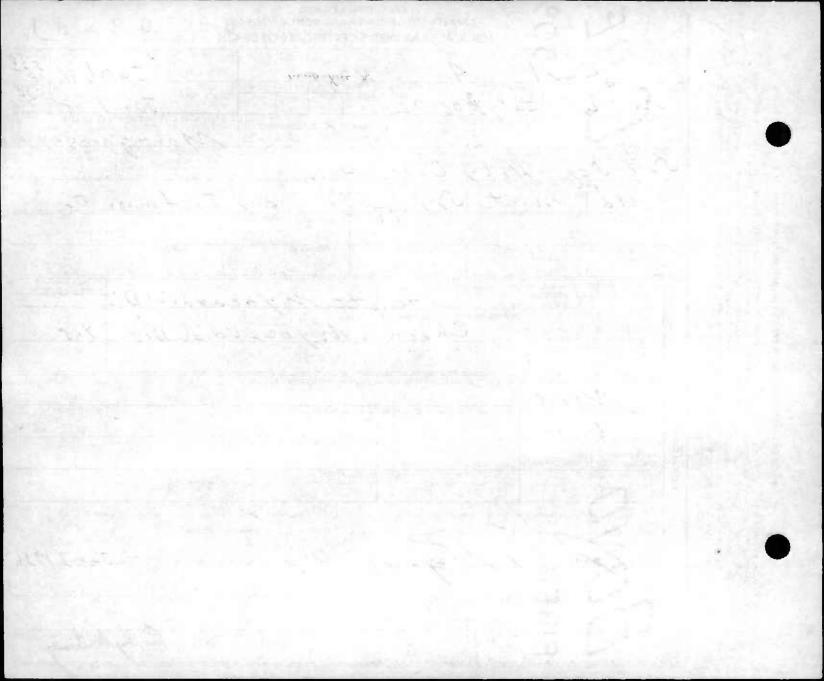
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	ICAL EXAMINER; THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESS	Should be forwarded to the chief medical examiner along with form PM 3. retain PAGE 3. FORM	eral director; page 3 should be used as a burial transit permit. Pages 1 and 2 should be filed. With	ATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 301 W. PREST
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1/	FOR STATE		HEALTH AND MENTAL HY	9 1 0	2 4 4
15	REGISTRAR		NER'S CERTIFICATE OF	REG. NO.	
	1. DECEASED NAME FIRST	MIDDLE	LAST HAGEN	OF ESTI-	AONTH DAY YEAR 26. HOUR
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5001	7a. BIRTHPLACE (STATE OR 7b.	CITIZEN OF WHAT COUNTRY?	8. MARRIED TONEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEATH
の記者は新聞の	WISCONSIN	USA	WIDOWED DIVORCED	5 A 4	Lesmery MD
Z = 2 = 2		NAME OF HOSPITAL, NURSING HOM	AE, OR OTHER INSTITUTION	20. USUAL OCCUPATION (TYPE OF	OR INDUSTRY
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SED SED	3 190. DATE OF OPERATION	196. CONDITION FOR WHICH OPE	ERATION WAS PERFORMED?		20. AUTOPSY?
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LA DE	EXAMPLER'S NAME JOHN S.	ROGERS	**************************************	MINARY ROAD, SILI	HED CODING MO
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Od	(SPECIFY)			23d. LOCATION CITY OR TOWN	COUNTY STATE
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DHMH - 17 (VR A15 ME (5))	NAME FRANCIS	S J. COLLINS	JAN	J 1901 May	ary Mebredy
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.				
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	COLIMINO)	Ear1		Joseph	Н	land	Janua	ry 23	1981		11.3	35 A
St.	MALE		4 RACE WHIT	E	5 DATE C		6 AGE (IN YE	ARS LAST BIRTHD	-	IF UNDER 1 YEA	_	MIN.
	IRTHPLACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D X NEVER MARRIED	9 BALTIMO	RE CITY OR	COUNTY	OF DEATH		
	MARYLAND		U.S.	Α.	WIDOWE		Montg	omery				MD.
	ity or town of d	EATH	(IF NOT IN SUC	omery Gen	ADDRESS)	Hospital	(TYPE OF WORK	FOR MOST OF V	VORKING LIF	126. KIND INDUSTR	AL SI	
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	WAS DECEASED EVE YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT		ADDRES				
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	saw the dece above. (1)(we) 22b. SIGNAFURE	did did no	ot) view the body	e deceased from 19 ofter death.		nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	_ M€DICAL	d an the date			e couses st E SIGNED	oted
	ALLAN		OHAN,	M.D.		13975 Conn	. Ave.,	S.S.,	Md.	20906		
	BURIAL, CREMATION	N, REMOVAL	1/27/			EMETERY OR CREMATORY F HEAVEN	SILV	TION ER SPR	ING	COUNTY MO	NT 51	TATE N

DHMH - 16 60M 1/75 (VR A 15 (4))

TO FUNERAL DIRECTOR:

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo

IMPORTANT: If Item 21 is morked at Item 18 shows ony injury, or other troumatic event, the medical exam

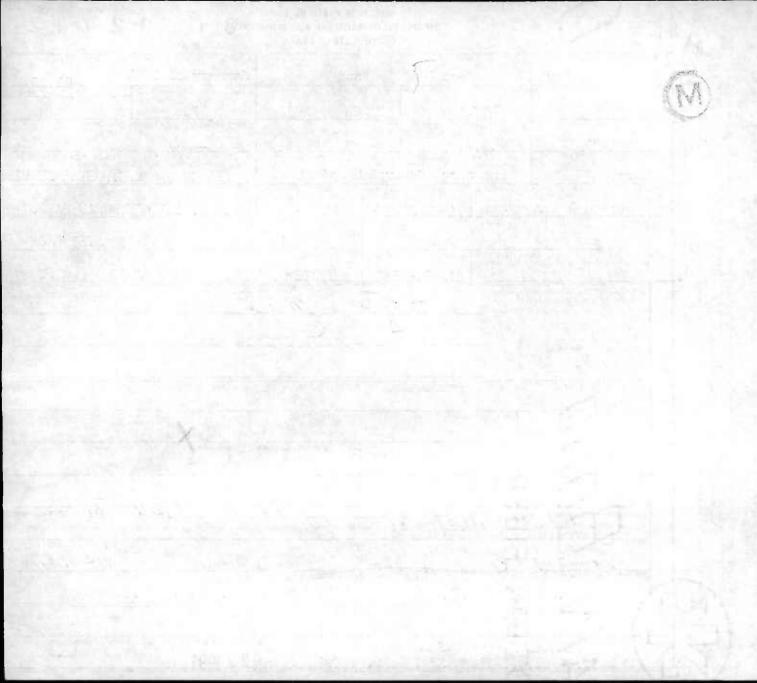
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1/27/81 SPBURIAL 24 FUNERAL DIRECTOR FRANCIS J. COLLINS DRESS

500 UNIV BLUD, W. SILVER SPRING, MD. 20901

COUNTY MONT

MD



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ctor pog	3. SE	Male.		Whit	e.	S DATE C	il 28,	1908	& AGE (IN YEARS L	AST BIRTHDAY)		IF UNDER 1 YE	AR IF UND	ER 24 HRS
127 die		IRTHPLACE (STATE OR FO			A.	8 MARRIEI WIDOWE	D NEVER MARK		9 BALTIMORE O	ITY OR CO	UNTY	OF DEATH		MD.
by the fu		olney	N.	Montgo	HOSPITAL, NURSIN UCH FACILITY, GIVE STREET OMETY GE	nera.	ROTHER INSTITUT	al	126 USUAL OCC LTYPE OF WORK FOR Auto Ac	UPATION MOST OF WORK	KING LIF	126 KIND INDUSTR ealer	OF BUSIN	vess or
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ond 2 st	14. F	Harry	М	odiG.	Hafdi	14	Bertha		MI		ei	zear.	LAST	
Poges 1		WAS DECEASED EVER YES, NO OR UNKNOWN)		AED FORCES? WAR OR DATES)	16b SOCIAL SECU 220-32-		Marian	Ε.		DDRESS	Wi	fe)	13 €	· .
fer this certificate has been signed by the ottending phys ss the buriol-transit permit. Then please remove carbon paper hand Mental Hygiene prior to buriol, cremation, or remavorished or Item 18 show ony injury, or other traumatic event,	MEDICAL CERTIFICATION	18 CAUSE OF DEATH PART I, DEATH W 15 3 9 Conditions, if ony, gove rise to imm couse (o), storin underlying couse PART 2. OTHER SIGN PART 2. OTHER SIGN 19a DATE OF OPERAL 21a, ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC.) 21d, INJURY OCCURR WHILE WHILE WHILE WHILE WHILE ATWORK	which nedicte g the lost NIFICANT CO PERLYING ALEXAMINER)	DUE TO. (CESSEQUE DR AS A CONSEQUE DR AS A CONSEQUE	ENCE OF ENCE OF DEATH BUT OPERATION AY YEAR 19	NOT RELATED TO 1	THE TERMI	HE ANTOPSY YES NO ED (ENTER NATURE O	20b. IN (IF YES CERTIF YE	EN IN PART S, WERE FINI YING CAUS	DINGS US ES OF DE/ NO	ED ATH?

FOR - STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

22c. DATE SIGNED

2b. HOUR

TO FUNERAL DIRECTO should be detached fo with the State Dept. of IMPORTANT: If Hem 21 PHYSICIAN DIRECTOR PHYSICIAN 22d. RHYSICIAN'S NAME (TYPE OR PRINT)
Danel J E. Dillon, 22e ADDRESS 20832 23c NAME OF CEMETERY OR CREMATORY
Union Cemetery, 230 BURIAL, CREMATION, REMOVAL Burial. Burtonsville, Montg. Md. STRAR 256 RECHSTRAR'S SIGNATURE 24 FUNERAL DIRECJOR DHMH - 16 50M 1/76 (VR A 15 (4))

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ATTENDING

MEDICAL

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cempleter. Filled in the furneral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I and I should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

JO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be

retained by the haspital or attending physician

injury, ar ather traumatic event, the medical

IMPORTANT: If Hem 21 is marked ar Item 18 shaws any

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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()	Con	- 4		-

1.	· STATE REGISTRAR		CE	RTIFICATE OF DEA	TH	REG. N	0.		
	CEASED NAME FIRST OR PRINT)		MIDDLE	LAST	20	DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR
	JEANE	TTE	I	LART		//	9/8/	_	5 / M
3. SE	X	4 RACE	5. [DATE OF BIRTH	WEAD.	AGE (IN YEARS LAST BIR	THDAY) IF UN		UNDER 24 HRS
1	EMALE	CAUCI	4SIAN A	106.28-19	34	46	YRS.		,,,,,,
7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8.	ARRIED NEVER MARE	RIED 9	BALTIMORE CITY C	R COUNTY OF	DEATH	
1	RANCE	145		DOWED DIVOR		mont	30MEA	ey C	O . MD.
10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSING HE	OME OR OTHER INSTITUT	TION 12	a. USUAL OCCUPAT		LE KIND OF BI	USINESS OR
Si	LVER SPRING	Hoh	4 CROSS	- //	Ah	HOUSEN	IPE	with	OME
	AL RESIDENCE (IF NURSING HO)	ME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMI	13d INSIDE CITY L	IMITS? 13	e. STREET ADDRESS	2		ħ
111	ARYLAND 11.	PONT.	WHEATON	YES NO	M-1	23090.	HOREFI	ELD ,	ND.
14. F/	ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MA	IDEN NAME	MIDDLE		LAST	
	NOT.	KNOW.	N	N	OT	KNOU	N		
	WAS DECEASED EVER IN U.S	S. ARMED FORCES?	16b. SOCIAL SECURITY	NO. 17. INFORMANT	,	111/ ADDRI	SAME	- A5	, , ,
	110		579-30-4	764 KONA	LD/7	· WOOD .	ITEI	775 4	13
	18. CAUSE OF DEATH (Ent	er anly ane cause per	line far (a), (b), and (c).)				APPROXIMAT BETWEEN ONS	E INTERVAL ET AND DEATH
	PART I. DEATH WAS CA	DIATE CAUSE (a)	Metastal	tic Carci	Nom	-		445	5
	1147		R AS A CONSEQUENCE	OF .	+			1-	
	Canditians, if any, which		ancer	Left bri	eas!			591	-2
	gave rise to immediate cause (a), stating th	e DUE TO, O	R AS A CONSEQUENCE	OF			- 51		
	underlying cause las	(c)							
7	PART 2. OTHER SIGNIFICA	NT CONDITIONS CO	ONTRIBUTING TO DEAT	H BUT NOT RELATED TO	THE TERMINA	AL DISEASE OR CON	DITION GIVEN II	PART I(a)	
5									
CERTIFICATION	19a. DATE OF OPERATION	19b. COND	ITION FOR WHICH OPE	RATION WAS PERFORME	D	20a AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	CAUSES OF	
CER	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY	Y OCCURRED	(ENTER NATURE OF INJU			
	OR CONTRIBUTING CAUSE C	A DENIH		YEAR 19					
MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY	211. LOCATION				COUNTY	C1.175
Z	WHILE NOT WHILE	AT HOME, STE	REET, FACTORY, OFFICE, FARM, E	STREET		CITY OR TO	WN	COUNTY	STATE
	220.1 certify that (I) (this h	naspital) attended th	e deceased from	125	978	, to	9 , 19.3	that	(I) (we) last
	saw the deceased aliv abave, (1) (we) (did) (di	e an 1	9 1981	, and that in (my) (aur) apinian dea	th accurred an the d	ate and hour and	from the cau	ses stated
	22b. SIGNATURE	o not view the body	after death.	DEGREE	-			22c. DATE SIG	NED
	Theorest L. C	eper			NDING A	MEDICAL STA	FF IAN D	1/10	0/91
	22d PHYSICIAN'S NAME (1	TYPE OR PRINT)		22e ADDRESS	630	FENTO.	V ST		
	HUBERT	J. AL	PERT	514	ER	SPAINE	MP.	2091	0
230.	BURIAL, CREMATION, REMO	VAL 23b. DATE	/e/ 23c NAMI	OF CEMETERY OR CREA	MATORY	23d. LOCATION CITY OR TOWN	10 - 20%	m	STATE
24 F	UNERAL DIRECTOR	11/16/	0 5	ED SDOUL	250 DATE RI	CONTLAN. EC'D. BY REGISTRAR	25b. REGISTRAR	S SIGNATURE	<i>D</i> .
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	FOR 1 - STATE REGISTRAR		DEPARTM	ENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	0 :	2 4	4	6
***	1. DECEASED NAME (TYPE OR PRINT)	Ruth	BlAck		HART	20. DATE OF DEATH MONTH	17	YEAR 81	2p HOU	P _M
	3. SEX Female	4. RACE White		S. DATE O		6. AGE (IN YEARS LAST BIRTHDAY) 79 YR	MON	THS DAYS	HOURS	24 HRS MIN.
	7a. BIRTHPLACE (STATE OR FOI COUNTRY) Missouri	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUL Montgomery Co				MD.
0	10. CITY OR TOWN OF DEATH Wheaton	ME NOT IN SUC	H FACILITY, GIVE STREET A	DDRESS)	ursing Home	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Librarian		12b. KIND O	F BUSINE	SSOR
9			GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN Great Ne	١	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 88 Wooleys Lan	ne			
0	14 FATHER'S NAME FIRST James	WIDDLE	Black		15 MOTHER'S MAIDEN NAME FIRST Louise	ME MIDDLE	(Unkno		
3	160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN) NO	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) None	16b. SOCIAL SECUR	RITY NO.	John G. Hart	ADDRESS 1446 Q St. N.W	7. W	ash i n	gton	, D. (
	PART I. DEATH WA	DUE TO, OF	line for (a), (b), and AMOTOS F R AS A CONSEQUER R AS A CONSEQUER	NCE OF	CARCINOMA	s of the Bren	5	APPROX. BETWEEN	MATE INTER ONSET AND	VALTH DEATH

	7. DI	RTHPLACE (STATE OR FOREIGN	TI CITIZENLOS	WHAT COUNTRY?	9		9. BALTIMORE CITY OR COU	
once		OUNTRY)			MARRIE	D NEVER MARRIED		
200	-	ssouri	U.S.		WIDOWI		Montgomery Co	
eq	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS C
70	Wh	eaton				ursing Home	Librarian	Library
5	ÜŚUA	L RESIDENCE (IF NURSING HOME)	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)			
3 9		TATE IN COL		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	88 Woolevs Lar	
		W York Nass	sau Co.	Great No	eck	YES NO I		1e
E-S	IN FA	FIRST	MIDDLE	LAST		FIRST	WIDDLE	LAST
230		James	-	Black		Louise		(Unknown)
dica		(IF YES, O	RMED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRESS	
me 5			one			John G. Hart	1446 Q St. N.V	V. Washington,
the		18 CAUSE OF DEATH (Enter	anly one couse pe	line for (a), (b), and	d (c).)			APPROXIMATE INTERVAL
ent,	- 7	PART I. DEATH WAS CAUS	ED BY:	Motost	phe.	(DRCINO MA	of the Bren	st 7 years
S ev		1744 IMMEDI	ATE CAUSE (a)	FILEIASI		2,0,00,00		19623
nat		177/	DUE TO, O	R AS A CONSEQUE	NCE OF			
rou		Conditions, if any, which gove rise to immediate	(b)_					
er t	22	couse (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF			
oth		underlying cause last.	((c)					
a ,		PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
n in	Z O							
yux (CERTIFICATION	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED
5 L	IFIC						YES NO X	RTIFYING CAUSES OF DEATH?
sho	ERT	21g. ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY		21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	
9		OR CONTRIBUTING CAUSE OF D	EATH HOUR A	M. MONTH DA	YEAR		Territorie de moderni	
± =	CA	(IF EITHER, NOTIFY MEDICAL EXAMIN		Μ.	19			
op	MEDICAL	21d. INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE FA	ARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ke		AT WORK NOT WHILE AT WORK			100	COTT TO		
E		220.1 certify that (I) (this has	oital) attended th			JU14, 19.80		, 19_8/, that (I) (we) I
21 5		sow the deceased plive of obove, (1) (we) (did) (did)	n		81,0	nd that in (my) (our) apinion o	death occurred on the date and	hour and from the couses stated
8		22b. SIGNATURE	idi i view ille body	Offer death.		DEGREE		22c. DATE SIGNED
=	130	Monto	2 50	water.		ATTENDING	MEDICAL STAFF	1/17/81
A A A		22d. PHYSICIAN'S NAME (TYPE	OR DRIVET		20	PHYSICIAN 1276. ADDRESS	DIRECTOR PHYSICIAN	1///0/
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W N		1 Or ON	1900	2/180		1145 17	- 17, 70.90	I WASH D!
≥	23a. B	URIAL, CREMATION, REMOVA	L 23b. DATE	23c. N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION	
	1	Surial	SANS	31981 Ar	lingt	on National Co	en. Arlington	Arlingt/
	_	INERAL DIRECTOR	10,4,40	Sitaliza			REC'D BX REGISTRAR 255 REG	
)		NAME		ADDRESS		Maryland JAN	UNITURY TOWN	See A Boundary

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TO HOSPITAL OF ATTENDING PHYSICIAN: refuined by the hospital or attending physician.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH	NE 8	REG. NO	0	2	a j	4	•
LAST	2e. DATE OF	DEATH	MONTH DAY	Y	EAR	26. HOU	R

1	-	FOR STATE REGISTRAR	DEPARTA	VENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 O	2 4 4 7
= 11	YPE O	ased NAME FIRST Beylah	MIDDLE	Ha	wkins	01	04 81 8 PA
	SEX	Female	U.S.A. WIDOWE			6. AGE IN YEARS LAST BIRTHDAY) FUNDER 1 YEAR FUNDER 24 HRS MONTHS DAYS HOURS MIN	
35	COU	Md,			D NEVER MARRIED U	Montgomery County and	
108	110	ver Sorina	11. NAME OF HOSPITAL, NURSIN IF NOT IN SUCH FACILITY, GIVE STREET, HOLY COSS	ADDRESS)	pi ful	12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LI HOUSE KEEPEK	
35	a ST	Ma, MO	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY 13c. CITY OR TOW 13c. CITY OR TOW 13c. CITY OR TOW	TON	134. INSIDE CITY LIMITS? YES NO	13R STREET ADDRESS HAM	pden St.
60		CHARL	LES SHORT	ER	N-	RTIE MIDDLE GRO	055 LAST
1		AS DECEASED EVER IN U.S. ARA S, NO OR INKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU 578-20-	9870	SUNIA Sim	DSON 3918 ME	on md.
	1	PART I. DEATH WAS CAUSED	y ane cause per line for (a), (b) and BY, E CAUSE (a)	asa	liac A	rrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gave rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF DUETO, OR AS A CONSEQUENCE OF DUETO, OR AS A CONSEQUENCE OF					
	1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)					
2		% DATE OF OPERATION	196 CONDITION FOR WHICH		N WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \) \(\text{NO} \(\text{T} \)
1000	_	OR CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINER)		Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18,	
	2	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY 1AT HOME, STREET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	_		ol ruttended the deceased from	1815		death accurred on the date and hos	19, that (I) (we) last ur and from the causes stated
		27b. SIGNATURE	wey me body oner death.	ee .	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	22c DATE SIGNED
10	1	PHYSICIAN'S NAME (TYPE OF	PRINT)		12 ADDRESS	Frederic P.	I Maid H
23	BU (SPI	RIAL, CREMATION, REMOVAL	236. DATE 234. 1-9-81 P	AME OF C	EMETERY OR CREMATORY	23d. USEATION CITY OR TOWN	COUNTY STAY
M /79	70)	HERAL DIRECTOR SINGLE	(13de) THOREST	WA	Sh. 57, 250. DAT	E REC'D. BY REGISTRAR 25h. REGISTAN 8 1981	

DHMH-16 25M

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funities should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

24 FUNERAL DIRECTOR (VRA 15, 4) 1/79

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l	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.	0 2 4 4 8
	ECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MON PE OR PRINT] HELEN M, HAWORTH EX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDA)	25-81 8:30Pm
	FEMALE : WHITE 10 - 1 - 05 75 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 BALTIMORE CITY OR CO	YRS. DAYS HOURS MIN.
18 S	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (IT YE OF WORK FOR MOST OF WORK FOR	126 KIND OF BUSINESS OR
13 E 14.	JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 134. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 3801 Connec ATHER'S NAME FIRST MIDDLE LAST MIDDLE FIRST MIDDLE MIDDLE	eticut Avenue, N.W.
medico 3 160	Edward Kelly Frances WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 17. INFO	Davidson Md.
njury, or ather traumatic event, th.	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost DUE TO, OR AS A CONSEQUENCY OF UNDERLY THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS PART 4. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS PART 5. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS PART 5. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS PART 5. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS PART 5. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS PART 5. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS PART 5. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS PART 5. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS PART 5. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS PART 5. OTHER SIGNIFICANT CONDITIONS PART 5. OTHER S	ON GIVEN IN PART 1(0)
MEDICAL CEPTIFICATION	210. ACCIDENT WAS UNDERLYING THE TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN OR CONTRIBUTING CAUSE OF BEATH HOUR AM. MONTH DAY YEAR TO	B. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO 1
MED	21d. INJURY OCCURRED WHILE AT WORK AT WORK The deceased allow on a short white body after death DEGREE 21d. INJURY OCCURRED 21d. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN 19 A to the deceased allow on a short with body after death DEGREE DEGREE	
MPORTANT # IR	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 124/PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN 124/PHYSICIAN STAFF PHYSICIAN STAFF PH	erson AVO
234	The second secon	New York STATE
	FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 130 Wisconsin Ave., NW, Washington, D.C. 20016 130 Wisconsin Ave., NW, Washington, D.C. 20016	GISTRAR'S S GNATURE

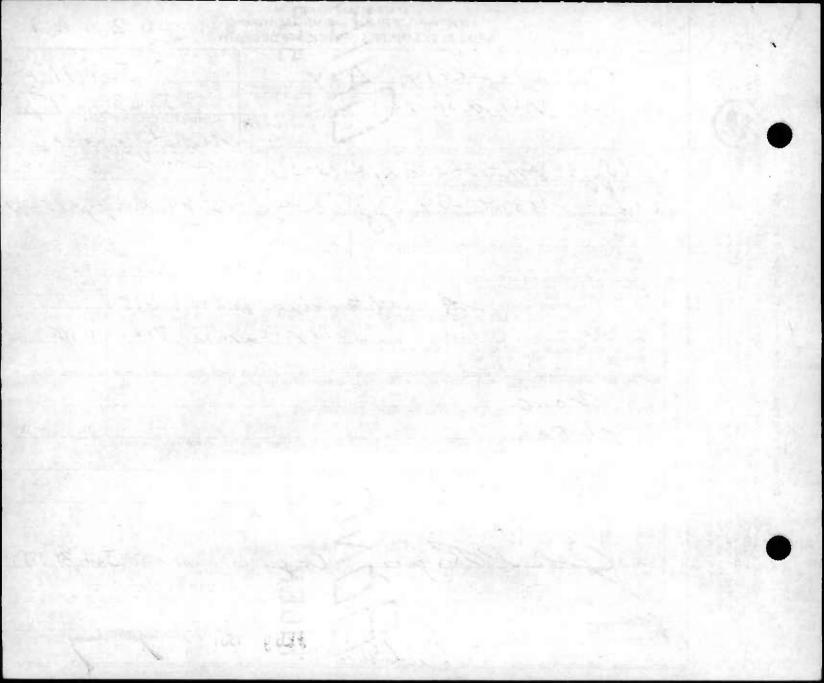
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	1.	FOR STATE REGISTRAR			DEPARTA	AENT OF I	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8	0 2 4	5 0
		CEASED NAME E OR PRINT)	FIRST Lelar		nford		lgecock		MONTH DAY YEAR	7.66 A M
10	3. SE:	x Male		4. RACE Caucasi	an	S. DATE O	DF 8 (RTH) 2 1 1902	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE MONTHS: DA YRS.	
19	Ť	RTHPLACE (STATE OR F COUNTRY) ENNESSEE		U.S.A.	WHAT COUNTRY?	WIDOWI			ery Count	y, _{MD.}
notified ()	Si	Iver Sprin	ng	Belling	e Nursi	ng F	OR OTHER INSTITUTION	TYPE OF WORK FOR MOST O		T Tele.Co.
35	13a. S	laryland	136 COUN		13 CITY OR TOW	. И	1,50	13 1 4207 Gran	nd Pre Road	
50		G.		Worle W•	Hedgeco		Rodella	MIDDLE	Mount ss Silver Sp	LAST
e medica	(160, WAS DECEASED EVER IN U.S. ARMED F (YES: NO OR UNKNOWN) (IF YES, GIVE WAR O						Pimlico Pl	ace,	
event, th		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE	ly one couse per D BY: E CAUSE (o)	line for (a), (b), and	al (cl.)	Fadure		BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
arner traumatic		Conditions, if any, gove rise to improve couse (a), stating underlying couse	nediote og the	(b)	AS A CONSEQUE	a	rterioscle	iresis	y R	's
iny injury, or	ATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION PREMION 196 CONDITION FOR V				era	NOT RELATED TO THE TERM LESS OF THE TERM NOT RELATED TO THE TERM NOT	//-	206. IF YES, WERE FIN	DINGS USED
2	CERTIFICATION	21a. ACCIDENT WAS UNE	DERLYING F	21b. TIME O	FINIURY		21c. HOW INJURY OCCUR	YES NO	IN CERTIFYING CAUS	NO []
orked or nem 18	MEDICAL C	OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL STATEMENT OF THE CONTRIBUTION OF THE CONTRI	CAUSE OF DEA CALEXAMINER RED	HOUR A./	M. MONTH DA	19	2H. LOCATION	CITY OR TO		STATE
If them 2.1.15 mar		22a.1 certify that (1) (this hospital) attended the deceased sow the deceased alive an above, (1) (we) (did) (did not) view the body after death.					DEGREE ATTENDING	death occurred on the do	22c. DA	TE SIGNED

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this should be detached for use as the buwith the State Dept. af Health and M MPORTANT: If He DHMH-16 30M 2/80 (VRA 15, 4)

Raymond Benack, M.D.

230. BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE Virginia Burial January 16 Stonewall Memory Gardens Manassas Virginia Robert A. Pumphrey Funeral Homes P/AZSG. DATE REC'D. BY REGISTRAR IZSD. REG RAR'S SIGNATURE 300 W. Montgomery Ave., Rockville, Md. 20850 JAN 21 1981 Burial

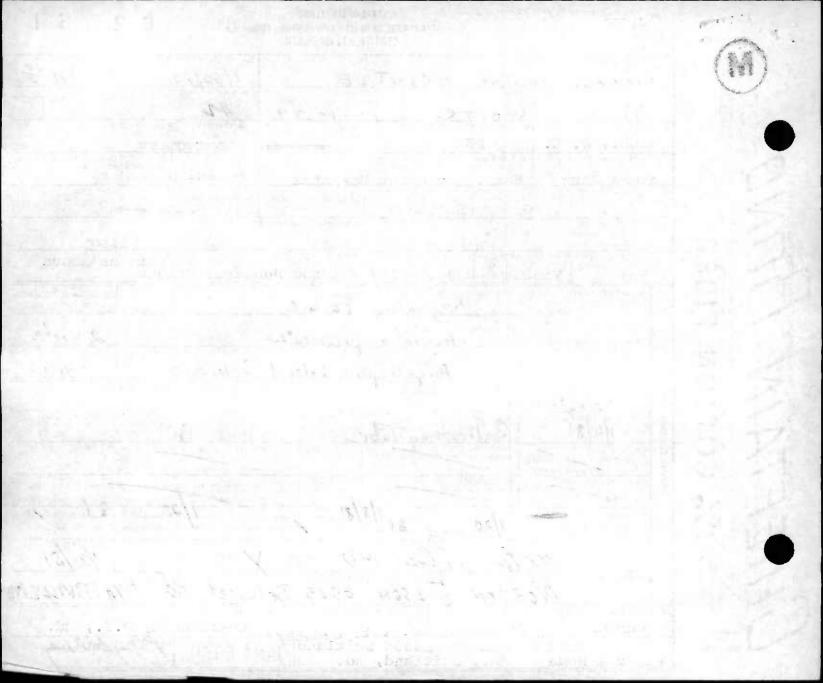
22e ADDRESS 4115

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Colie Dr. Wheaton, Md.

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U/ 4 mg	#	8.FilmG552 2/18/81 kam STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 0	2 4 5 1
1	1.	STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.	Com ·
(M)			AY YEAR 26 HOUR
()		RICHARD QUSTAV HEINTZE 1/00/81	11 40 M
26. 4 16. 16. 16. 16. 16. 16. 16. 16. 16. 16.	3. SE	MONTH DAY YEAR	FUNDER 1 YEAR IF UNDER 24 HRS
Poge direct	7- DI	IRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. STATES OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. STATES OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8.	OF DEATH
Line 72 ho		MARRIED MEVER MARRIED	
er der within		ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
= = = 27 /	Ta	Akoma Park Wash. Adventist Hospital Musician	INDUSTRY
hours hours	13a. S	AL RESIDENCE LIE NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION	200
AND 2 in 24 h filled hould b		Md. PG Suitland YES NO 3313 Swann Ro	ad
J within J within and 2 sho	14. FA	ATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE	LAST
complete of the complete of th		Gustav Heintze Ruth W WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS.	ilson
MORE exect		Yes VietNam 093-32-1127 Mildred Hubbard, Friend,	as Above
BALTI, sote be cote be ysicion opers. wol.		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ortificate ng physici bonpaper removal.		PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (0) ROSpiratory Failure	
on the certain of the		3352 DUE TO, OR AS A CONSEQUENCE OF	21.6
. PRESTC the deat the atter remove tere		Conditions, if ony, which gove rise to immediate (b) Assivation pullimental	2 Weeks
★ 5 × 5 +		couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last.	3 years
5, 201 gned b nn pleo burial,		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	N IN PART 1/01
PRDS, 2	o N	Malnutrition	
RECOR	CERTIFICATION		, WERE FINDINGS USED (ING CAUSES OF DEATH?
TALRI i: The lossician. ote hos nost per shows	ERI	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY INJEEM 18 PA	NO NO
SION OF VITAL PHYSICIAN: The ending physician this certificate h te buriol-transit p ad Mentol Hygies d or item 18 sho		OR CONTRIBUTING CHOSE OF DEATH HOUR A.M. MODERN DAY YEAR	KII ORPAKI 2)
VISION OF G PHYSICIA offending p offer this certifis s the buriol- and Mentol	MEDICAL	216 INJURY OCCURRED 216. PLACE OF INJURY 211. LOCATION	County STATE
DIVISIG ING PH or other os the l Ith and	Ž	WHILE OT WHILE AT WORK AT WORK (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.)	a /
00 T 90 E		22a I certify that (I) (*** all) offended the deceased from	, that (I) (ye) lost
R ATTEN Hospital Hospital RECTOR Sept. of He Fem 21 is	8	sow the deceosed olive on 120 , and that in (my) (gr) opinion death occurred on the date and hour obove, (1) (we) (did) (did not) view the body after deaths	
IL OR ATT the hospit. L DIRECT proched for the Dept. of		226. SIGNATURE DEGREE ATTENDING ATTENDING ATTENDING STAFF	22c. DATE SIGNED
HOSPITAL ined by th FUNERAL wild be deth the State		22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22d. ADDRESS 22d. ADDRESS	1 1/21/01
		NORTON ELSON 6525 Belevest Rd H	YATTSVILLEMD
of Short Sho	23a. E	BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	COUNTY STATE
200/BP		Burial 1-23-81 Md. Vet Cometery Chelly Chell	.G., Md.
DHMH-16 30M 2/B0 (VRA 15, 4)		NAME TO ROOT E Wilhelm ADDRESS SUITIAND TO THE PARTY OF T	y Milliody
	F	uneral Home Rd., Suitland, Md. JAN 60 1301	



JO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

Porteined by the hospital or ottending physicion.

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in the should be detached for use as the burial-transit permit. Then please remove corbanpopers. Pages 1 and 2 should be filled with the State Dept, af Health and Mental Hygiene prior to burial, cremation, or removal.

	1 -	FOR STATE REGISTRAR	DEPART		TH AND MENTAL HYG ATE OF DEATH	REG. N	0 2 4	2 %
		CEASED NAME FIRST OR PRINT) RUDOLPH	David	LL	PIZOG	2a. DATE OF DEATH	MONTH DAY YEAR	26. HOUR
	3. SEX		RACE	5 DATE OF B		6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER LYEA	R IF UNDER 24 HRS.
	3. 3L7	MALE	WHITE	MONTH NOV.	22 1899	8/	MONTHS DAYS	
95		OUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF DEATH	MD.
5	10. CI	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSIN			12a USUAL OCCUPAT		OF BUSINESS OR
10		BETHESDA		TIREME	VI HOME	(TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTR'	
26	13a. S	AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE BEFOR 13c CITY OR TOW	/N 13d	INSIDE CITY LIMITS?	13e STREET ADDRESS		
20			14 one ey CHEVY C	CALL TO THE PARTY OF THE PARTY	ES NO 🗌	6313 BRO	ARD BRANCE	Road
11	III FA	ATHER'S NAME	DDLE LAST		MOTHER'S MAIDEN NA	WE		AST
00	14- 14	VAS DECEASED EVER IN U.S. ARM	HERTZO		INFORMANT	ADDR	YOHNER	
		VAS DECEASED EVER IN U.S. ARM VES, NO OR UNKNOWN) (IF YES, GIVE V	VAR OR OATES)	11200	DOROTHY	L. HERTZ	og SAME	# 13
		18 CAUSE OF DEATH (Enter only	r ane cause per line far (a), (b), an BY:	d c		11.00	APPRO BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
		IMMEDIATE	[[/APT	More	iscula	- unom	vest	
		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	ENCE OF				
		gave rise to immediate couse (0), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	ENCE OF				
10.1	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NO	T RELATED TO THE TERM	ainal disease or con	DITION GIVEN IN PART	lia
2	CERTIFICATION	190 DATE OF OPERATION	CONDITION FOR WHICH	OPERATION V	AS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
9		21a ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		AY YEAR	c. HOW INJURY OCCUR		RY IN ITEM 18, PART 1 OR PART 2)	
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY		f LOCATION STREET	CITY OR TO	WN COUNTY	STATE
	\$	AT WORK NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.)	JIRE!	CITIONIO	- (SIAIE
		22a. I certify that (I) (this hospital saw the deceased alive on abave, (I) (we) (did) (did nat)	19	% and t	nat in (my) (aur) opinion	deoth occurred on the d	ate and hour and from th	e causes stated
		226 SIGNATURE	Ald &B	DEC	ATTENDING PHYSICIAN [MEDICAL STA	FF _ /-:	20-81
1		22d. PHYSICIAN'S DAME (TYPE ORF	eld L. B	ve4 27	809 Vei	res Mill	Rd R	oekalle
	23a B	BURIAL, CREMATION, REMOVAL	70	NAME OF CEM	TERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	24 51	JNERAL DIRECTOR	JAN 23,1981 6	ATE OF	HEAVEN CE	M SIVER	Spring	md.
	711	NAME FORM	of Ne VO ADORESS	1-11		N 2 6 1991	Listan Ren	C
	DE	VOITHUR KA	HOME W	ASH.	De MI	1 ~ 0 1001	777	ready

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HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate by the hospital ar attenting physician. OF EUNERAL DRECTOR, After this certificate has been signed by the attending physician hould be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hyginese prior to burial, cremation, arremoval. WPORTANT: If them 21 is marked or Item 18 shows any injury, or ather traumatic event, the medical property of the medical permit of the medical permit of the medical permit of the medical physician property. MEDICAL CERTIFICATION ALVALAGE ALVALAGE MEDICAL CERTIFICATION ALVALAGE ALVALA	MOKE, MARTIAND 21201	e executed within 24 haurs after death. Page 4 may be	s and completely filled in by the feweral literals, bare 3 Pages 1 and 2 should be filed with n.72 bournels seath	medical examiner must be natified at onto		Fe RIHPLA COUNTRY) Mar ITY OR T AL RESIDENT AL RESIDE
4 / 10/	UNISION OF VIEW RECORDS, 201 W. PRESION SI., BALLI	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate because by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial should be detached for use as the burial-transit permit. Then please remove carban papers: with the State Dept. of Health and Mental Hygiene priar to burial, crematian, ar removal.	IMPORTANT: if Item 21 is marked at Item 18 shaws any injury, at other traumatic event, the	MEDICAL CERTIFICATION	Candi gave cause underi PART 2 21a. AC OR CON (IF ETI 21d. IN. WHICER 22a.1 cc ab

BP_ DHMH-16 30M 2/80 (VRA 15, 4)

	1-	FOR STATE REGISTRAR			DEP	ARTMENT OF I	E OF MARYLAND BEALTH AND MENTAL HYO CICATE OF DEATH	GIENE 8	0	2 4	5 4
Ш		CEASED NAME	FIRST		MIDDLE		LAST	2a. DATE OF DEATH	MONTH DA	YEAR YEAR	2b. HOUR
			irgi		A		ggins	January			9:45 M
1	3. SEX			4. RACE		5. DATE (DF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIR		ONINS DAYS	IF UNDER 24 HRS HOURS MIN.
	7 00	Female		Cauca		April	28, 1896	84	YRS.		
L	/a. BI	RTHPLACE (STATE OR F COUNTRY) Marvland	OREIGN	76. CITIZEN OF	WHAT COUN	MARRIE WIDOWI	D NEVER MARRIED D	Montgome	_	OF DEATH	410
2	10. CI	TY OR TOWN OF DEA	TH	11. NAME OF		URSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ON		MD. BUSINESS OR
10	R	ethesda			ood N	ursing	Home	Homemaker	F WORKING LIFE)	Home	
5	13a. S	AL RESIDENCE (IF NURS	13b. COUN	OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 10846 Chil	ds Str		
1	_	THER'S NAME		14	101110	OPT (III	15. MOTHER'S MAIDEN NA	ME			
50	[Dorsey		MIDDLE DO	na 1dsoi	n	Virginia	Moon		Mason	
,	16a V	VAS DECEASED EVER		MED FORCES? E WAR OR DATES)		SECURITY NO.	17 INFORMANT	ADDRE			
	T	NO	(# 125, 611	z mm on parzaj	579 - 01	-4691	Alice Hoagla	and (Same as	13e)		million.
	CERTIFICATION	Conditions, if any, gove rise to imm cause 101, statin underlying cause PART 2. OTHER SIGN 199. DATE OF OPERAL	nediate g the last. NIFICANT (DUE TO, O (b) DUE TO, O (c) CONDITIONS C	R AS A CONS	SEQUENCE OF	NOT RELATED TO THE TERM			> N IN PART 1(0	
7	IFIC.	THE DATE OF CITERAL	1014	178. COND	INDIVIOR W	men or examo				CERTIFYING CAUSES OF DEATH?	
9	MEDICAL CERT	210. ACCIDENT WAS UND OR CONTRIBUTING COURS OF CONTRIBUTING COURS OF COURS	AUSE OF DEA	P. PLACE	M. MONTH M. OF INJURY	DAY YEAR 19	211. LOCATION STREET		Y IN ITEM IB. PAR		STATE
		AT WORK AT WOR	5K					1/22	19.		
		22a I certify that (I) saw the decease above, (I) (with	d alive an) view the body	181	.19, or	nd that in (my) (prinian DEGREE ATTENDING PHYSICIAN [death accurred on the do	·F		
1		Dr. La	6	/	Thomas	2	11801 Post	kville Pik	0 P-	-1	1 . W.
4	23a B	URIAL CREMATION		23b. DATE			EMETERY OR CREMATORY	23d LOCATION	e Ko	ckvil	re Md.
	(SPECIFY) BURIAL		Jan.26	,1981	Forest	Oak Cemetery	Gaithersh		Mar	yland
	24 FL	INERAL DIRECTOR F	Rober	t A. Pur ille, Ma	nphrey,	Funeral	Homes, JA	TE REC'D. BY REGISTRAR	25b. DEISTR	AR'S SIGNATU	RE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1		REGISTRAR			CERTIF	ICATE OF DEA	TH	REG. N	0				31 N
		CEASED NAME FIRST	-	MIDDLE	1 1	LAST		20 DATE OF DEATH	MONTH	DAY Y	EAR	2b HOU	R
	FIMA	ROBERT		L.	HOA	5		1=2	1-	21-	81	5.5	48
	1 SE)		4 RACE		5 DATE			6 AGE (IN YEARS LAST BIR	HDAY)	IF UNDER		# UNDER	
		MALE	CAUCAS	SIAN	MONTH 2		YEAR 14	6	YRS.	MONTHS	DAYS	HOURS	MIM
		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 AAADDIE	D NEVER MARI	DIED (9 BALTIMORE CITY C	R COUN	TY OF DEA	TH		
1		Isconsin	051	4	WIDOW			Montgo	merv				MD.
				HOSPITAL, NURSII		OR OTHER INSTITUT	TION	120 USUAL OCCUPAT		LIFE) INDU		BUSINE	SSOR
	51	LUER SPRING	Ho		55 4	OSPITAL-	700	Ret. Pictu			SIKI		
	13a S	AL RESIDENCE (IF NURSING HOMSON TATE MON		GIVE RESIDENCE BEFOR	VN	13d. INSIDE CITY L	LIMITS?	13e STREET ADDRESS 508 Broadw					
7	14. FA	THER'S NAME	AIDDLE			15. MOTHER'S MA	IDEN NAM	NE MIDDLE		- 19			
		James Edward Ho		LAST		Mary Da	211	WIDDLE			LAST		
		VAS DECEASED EVER IN U.S. ARA	MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRI	Gaitl	nersb	urg	Md.	20760
		S. Navy WVII	Mrs Loui	ise E.	Brown-fri		#3 la	nds	End				
		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y ane cause per	line for (a), 18 , at	nd (c	A				BET	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
3	9		E CAUSE (a)	Caxalore	- All	eters.					15	mil	n
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1		Canditians, if ony, which	(b) /	MALLERA	exette	uly		1		6	UK	125	
-		cause (a), stating the underlying cause last.	DUE TO, OI	REDCONSEQU	ENCEDE	Sezin	sed	Colley		2	74	her	
3	z	ART 2) OTHER SIGNIFICANT C	ONDITIONS CO	101.		NOT RELATED TO	THE TERM	NAL DISEASE OR CON	DITION G	IVEN IN PA	RT 1ra		
7	1710	MIN PLOSITION	a mu	200	MI C	N WAS PERFORME		20a AUTOPSY?	Tank 15 V	ES, WERE F	INIDIA	CC LICE	
2	CERTIFICATION	1/21/81	Per	brated	Da	1 CUC	:D	YES NO	IN CERT	TIFYING CA			TH?
7		210. ACCIDENT WAS UNDERLYING	21b. TIME O	FINJURY M. MONTH D	AY YEAR	21c HOW INJUR	Y OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM 18	3, PART 1 OR PA	RT 2]		
	CAL	OR CONTRIBUTING CAUSE OF DEA. (IF EITHER, NOTIFY MEDICAL EXAMINER)	Р.,		19								
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY	FARM, ETC.)	211 LOCATION STREET CITY OR TOWN COUNTY STATE						ATE	
	*	AT WORK AT WORK					-						
		22a.1 certify that Withis hospit	4 7 3 4	e deceased from_	17	. 1	95	, to	21	1981	, tl		we) last
		saw the declared alive an									oted		
		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1/2/8/								1			
		22d. PHYSICIAN EMAME THE OR				22e. ADDRESS	leve to	elidupo P	(In. C.	1.1 2	209	0/1
		Steven ORISTU	AN NI),		354 U/II	101514	BUTWESV	di	rux	riv	51	7(
	(5	SURIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREM	MATORY	23d. LOCATION CITY OR TOWN	1	COUNTY	000	STA	ATE
	C	remation	1-22-8	I Le	ee's C	rematory		Washingto	on,D.	C. 20	002		

DHMH - 16 60M 1/75 (VR A 15 (4))

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FOR

Vashington, D.C. 20002 24. FUNERAL DIRECTOR PUNERAL Home 300-4th St. N.E. Wash.D.C. 2002 AN 26 1981

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DIVISION OF VILLAL RECORDS, 201 W. PRESION SI., BALLIMORE, MARTICAND 2120		THE THEOLOGICAL COMMISSION OF THE COMMISSION OF
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injury, or other traumatic

IMPORTANT: If Item 21 is marked or Item 18 shaws any TO FUNERAL DIRECTOR. After this certificate has be should be detached for use as the burial-transit permi with the State Dept. of Health and Mental Hygiene pri

may be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2b. HOUR RUNG (TYPE OR PRINT) 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH 19°, 1908 Female Vietnamese May BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH**

	Vietnam	V Viet:	nam WIDOWE	DIVORCED	Montgomer	y Co.	MD.
	Takoma Park	Washing		t Hospital	120. USUAL OCCUPATO (TYPE OF WORK FOR MOST O Housewife		KIND OF BUSINESS OR USIRY Home
	USUAL RESIDENCE (IF NURSING 130. STATE Maryland	b. COUNTY		13d INSIDE CITY LIMITS?	13. STREET ADDRESS 9022 Lint	on St.	
0	14. FATHER'S NAME FIRST Tuyen	D	Vu	15. MOTHER'S MAIDEN NAM Phuc	PST MIDDLE		en
	160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN) (U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	16b. SOCIAL SECURITY NO. 229-04-6339	Minh Hoang,	ADDRE 2637 Conn A		sh., D.C.
The second second second second second	Conditions, if ony, w gove rise to immed couse (o), stoting underlying couse	CAUSED BY: IMEDIATE CAUSE (o) DUE TO, O Chich (b) Ine (b) DUE TO, O (c)	R AS A CONSEQUENCE OF A S CONSEQUENCE OF A S CONSEQUENCE OF A S C C C C C C C C C C C C C C C C C C	NOT RELATED TO THE TERM	INAL DISEASE OR CONL		APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
0	19a. DATE OF OPERATIO	N 19b. COND	ITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS USED AUSES OF DEATH?
		SE OF DEATH HOUR A.	FINJURY M. MONTH DAY YEAR M. 19	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR P	'ART 2)
	OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	NOT WHILE [(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY		CITY OR TO	wn cou	UNTY STATE	
	22a.1 certify that (1) (the saw the deceased above, (1) (we) (dielectory) 22b. SIGNATURE	1 0 0	ofter death.	d that in (my) (ew) opinion of	, to		, that (I) (we) lost om the couses stated
	1M ~	erarly /s		ATTENDING	MEDICAL STAF	F	1-24-21

22e ADDRESS

1109

23c. NAME OF CEMETERY OR CREMATORY

Spring

23d. LOCATION CITY OR TOWN

DHMH-16 30M 2/80

24 FUNERAL DIRECTOR Murphy Funeral Home (VRA 15, 4)

Burial

23a. BURIAL, CREMATION, REMOVAL

Arlington, Virginia

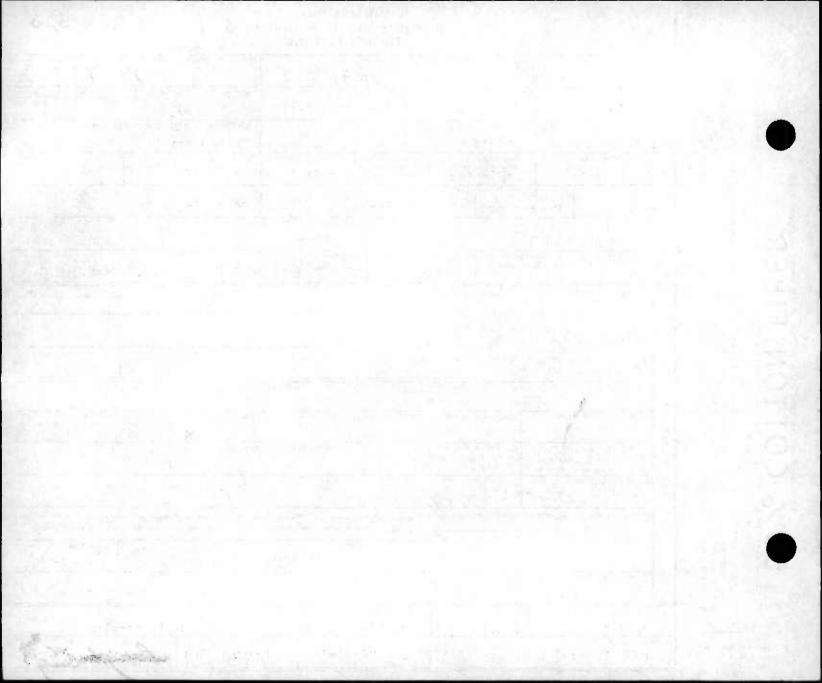
Jan. 26, 1981 Fort Lincoln Cem.

eskin

23b. DATE

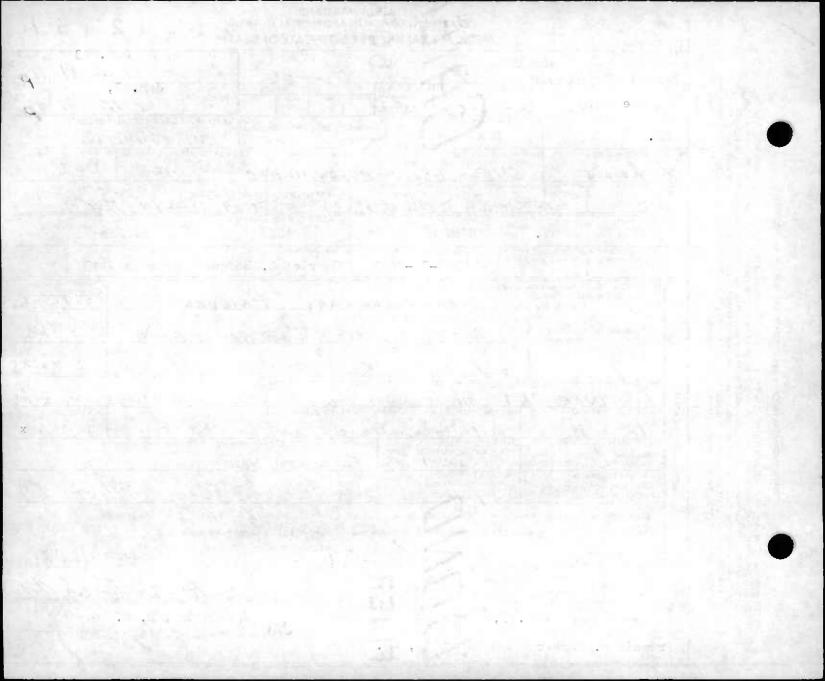
Brentwood, Maryland 250. DATE REC'D. BY REGISTRAR 254. REG

S. luer Spring une



	AY IS RECEIVED THE FULL PAGE 1 FILED, 1998
ORE, MD. 21201	RE DEATH, IF ANY DELAY IS NECESSARES 1, 2, AND 3 TO THE FUELD. BRAND PAR 3. RETAIN PAGE 4. HOR AND 2 SHOULD BE FILED. A DE VITAL RECORDS, 301 W PPETTAIN PAGE 1. AND 2 SHOULD BE FILED.
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	EDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY UT THE CERTIFICATE, WRITING THE WORD WENDING" IN PENCIL IN TIEM 18. GIVE PAGES 1, 2, AND 3 TO THE UNITED A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 1. ON THE CHIEF WAS A SHOULD BE USED AS A BURBALTRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITH THE STATE DEPERMENT OF HALLY AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 301 W PRETTAL DIRECTORS AND STAND PROPERMENT OF HALLY AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 301 W PRETTAL BARRANT AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 301 W PRETTAL BARRANT AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS.
A RECORDS, 301 W. F	"PENDING" IN PENC "PENDING" IN PENC IEF MEDICAL EXAMIN SED AS A BURIAL-TRA SED AS A BURIAL-TRA
DIVISION OF VITA	THIS CERTIFICATE SHC WRITING THE WORD WARDED TO THE CH AGE 3 SHOULD BE U
	IEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY UPE THE CERTIFICATE, WRITING THE WORD WENDING" IN PENCIL IN TIEM 18. GIVE PAGES 1, 2, AND 3 TO THE UNITED A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 1. ON THE CHIEF WENDING WITH FORM PM. 3. RETAIN PAGE 1. ON THE CHIEF WITH PM. STAND STAND TO THE CHIEF WAS A BURBALTRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITH THE STAND EPERMITMENT OF HALLIT AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 301 W PRETTAL WAS AND STAND STAND PROPERTY.

	1771		FOR	DEPART	MENT OF HEALTH	AND MENTAL HYGIE	NB I O S	0 4 5 7
			STATE REGISTRAR		EXAMINER'S C		ATH REG. NO.	
	W 2 2 10 2	{TYP	11. 14.100 1	AML IN XX		HOBGES	26. DATE KNOWN MONING	THE 108 15 HOUR
	THE PERSON	3. SEX	ARRIS AMA	5. DATE OF BIRTH	6. AGE (IN YEARS IF UN	DER 1 YR. IF UNDER 24 HRS	S. 20. DATE Janger 3	DAY YEAR 2d. OUR
	"美國")		male cauc	2-22-05	75 YRS.	DAYS HOURS MIN	PRONOUNCED DEAD	1981 110 M
D	## B # 35	f N	RTHPLACE (STATE OR SEIGN COUNTRY)	USA.	WIDOW		MONTGOM	My MD.
	PAGE PAGE PAGE S, 301 V		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S HABY		VENITION A P	atent Attorney	126 KIND OF BUSINESS OR INDUSTRY LEGAL
1201	AND 3 AND 3 RETAIN TOULD	USUA 13a. S		ITY 13c. CITY	OR TOWN	13d. INSIDE CITY LIMITS? 13e. ST YES NO 7/	REET ADDRESS	Ave
, MD. 2	PM 3. PM 3. ND 2 St	14. F.	THER'S NAME FERNON	E. HODGE	5 5 7	15 MOTHER'S MAIDEN NAM	AE MIDDLE HAMI	IN LAST
TIMORE	AFTER DIVE PAGE H FORM GES 1 A SION QE	16a. V	VAS DECEASED EVER IN U.S. AR.	THE PART OF THE PA	-38-8013	Harriet L. H	odges Same as	# 13
N ST., BA	EM 18. CONG WI.		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE IMMEDIA	TE CAUSE (0) CARB	10 PULMOS	VARY FA	LILURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3-4 www.s
PRESTO	WITHIN 2 ICIL IN II INER ALI KANSIT P TAL HYG MOVAL.		Conditions, it ony, which gove rise to immediate		RIOSCLERO	THE CARDOO	insuma Dis.	4-5-415
301 W.	CUTED VIN PEN L EXAM URIAL-TR		cause (a) stating the <u>under</u> - lying couse last,	b PNE	UMONICE OF.	Consoliba	FOR + FFFUSION	5 WEEKS
CORDS,	BE EXE NDING WEDICA AS A BIATH AN	NOIL	PART 2 OTHER SIGNIFICANT CONDITIONS FRACTURE	Rt. HIP	- CARREIA	OR CONDITION GIVEN IN PART 1 (a).	6 - MUNTIPE	
'IT AL RE	SHOULD CHIEF E USED OF HE	CERTIFICATION	190 DATE OF OPERATION		WHICH OPERATION W	AS PERFORMED?	e R+ HIP	20. AUTOPSY? YES NO 🏋
ONOFV	FICATE S THE WO O THE OULD BE RIMENT		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	216, TIME OF INJURY HOUR AM. MONTH DEATH P.M. / 2	DAY YEAR	- A	ER MATURE OF INJURY IN ITEM 18 PART 1 OR PA	ART 2)
DIVISION	ARDED 1 ARDED 1 GE 3 SH TE DEPA	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	STREET, FACTORY, FARM, E	(AT HOME, 211. LO	CATION TREET ROSLYNAU	L DERWOOD 1	Mont MA
	VER: THE STAN STAN STAN STAN STAN STAN STAN STAN		220. I certify that I taak chore	ge of the remains described obo			Inquiry , ond in my o	pinion
D	CERTIFIC CERTIFIC JLD BE DIRECT WITH T		deoth resulted from: Natu	ral courses (); Accident	Suicide S	, Hamicide Und TITLE (SPECIFY)	determined monner,	July
	MEDICAL E CUTE THE SE 4 SHOUNERAL FUNERAL ER DEATH,		SIGNATURE	and My	hamo	Def ME	EDICAL EXAMINER SIGNI	20014 40
	EXECUT BAGE 4 JO PUN AFTER D			NLIS C'//	IMYLE	ADDRES 520 Wisco	15-1 HUE BETT	YEDA III
7	BP 3	(5		Jan. 15, 1981	Lee Cremato	ory IAN 1W	ashington, D. C.	1263
	DHMH - 17 (VR A15 ME (5))	74. F	rancis H. Barbe	er Laytonsvi	lle, Md. 20	760 250. DATERECT.	BY REGISTRAR 25E REGISTRARS	SIGNATURE



filled in by the funeral lould be filed within 72 l

ottending physicion

njury, or other troumotic

should be detached for use as the buriol-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to buriol, cremation,

IMPORTANT: If Item 21 is morked or Item 18 shows ony

TO FUNERAL DIRECTOR: After this certificate has been

TO HOSPITAL OR ATTENDING PHYSICIAN: The

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

-	1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	6.4	
		CEASED NAME FIRST	MIDDLE	1	AST	20. DATE OF DEATH MONTH	DAY YEAR	26. HOUR
		Gordon	V.	Но	lahan	Van 1-1	981	2 70 N
	3 SEX	Х	4 RACE	5. DATE C	OF BIRTH	6 AGE (NYEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
		Male	Caucasian		uary 17,192	4 56 YRS		, , , , , , , , , , , , , , , , , , ,
9		RTHPLACE ISTATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTR	Y? MARRIE	NEVER MARRIED	BALTIMORE CITY OR COUN	TY OF DEATH	
1		lew York	United State				County.	MD
		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	EET ADDRESS)	OR OTHER INSTITUTION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY	F BUSINESS OR
-		otomac	10011 Chape1			Oral Surgeon	Dent	tistry
	130. S Ma	aryland Mont		NWO	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 10011 Chape1	Road	
6	14. FA	ATHER'S NAME FIRST Edward	C. Holah	an	15 MOTHER'S MAIDEN NA FIRST Mavis	WE	Gord	lon
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE		17 INFORMANT	ADDRESS	0011	
7	IA	YES, NO OR UNKNOWN) (IF YES, GIVE	T D89-12	-8490	Mary G. Ho	lahan, Same a	s item	#13
			nly one couse per line for (p) (b),				APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
	10	PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (0)	cin or	naloris		1//2	yrs
ł		1539	DUE TO, OR AS MONSEC	DUENCE OF	0	00	- 1	,
d		Conditions, if ony, which gove rise to immediate	(16) Pres	nory	Caren oma	Colon	2/	2 yrst
		couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEC	DUENCE OF				
			((c)					
	z	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION G	EIVEN IN PART 110	j1
_	ATIO	190. DATE OF OPERATION	196. CONDITION FOR WHITE	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206 IF Y	ES, WERE FINDIN	IGS LISED
2	CERTIFICATION	April 78	Covino	-	Colon	IN CERT	TIFYING CAUSES YES []	
1		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	3, PART 1 OR PART 2)	
-	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19				
	MED	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
			ital) attended the deceased from	(1)	rif 1978	to Jan/		that (I) (III) lost
i			view the body ofter death.			death occurred on the date and he		
		27b. SIGNATURE	.15	- (DEGREE ATTENDING	MEDICAL STAFF	22c. DATE	SIGNED
		James a	lg an	m. U	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	11/1/2	11
		27d. PHYSICIAN'S NAME ITYPE O	161 Es		174 ADDRESS	d = 1 / 0 - 0	e rac de	e Me
		1 4 11 11 5	gan		37/3	var rune		1,,,,

DHMH-16 60M 1/73

retained by the hospital or

230. BURIAL, CREMATION, REMOVAL Burial

January 3,1981

23d. LOCATION CITY OR TOWN

Maryland

Burial 3,1981 St. Gabriel's Cemetery Potomac

14 FUNERAL DIRECTOR Robert A. Pumphaney Funeral Homes Potomac Po

Bethesda, Maryland

(VR A 15 (4))

X .

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept. at Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked ar them 18 shaws any injury, ar other traumatic event, the medical exam

STATE OF MARYLAND	er in		-		
ARTMENT OF HEALTH AND MENTAL HYGIENE	8	U	2	4	Š
CERTIFICATE OF BEATH			100		

1 -	STATE REGISTRAR		DEPARTN		EALTH AND MENTAL I	HYGIENE 💍	REG. NO.	0 2		3 7
	CEASED NAME FIRST	M	DDLE	L	AST	20. DATE OF	DEATH MO	NTH DAY	YEAR	2b HOUR
{TYPE	ORPRINT) Hele	in 1	٠,	Hol	+)	124	81	7270 M
3. SE.	(4 RACE		5. DATE C		6 AGE (IN YE	-	MONTH:	DATS	IF UNDER 24 HRS
	Female	Caucas	ian	Apri		. 7	б	YRS.		MIN.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	8.	D NEVER MARRIED	DAITIMOD	E CITY OR C	OUNTY OF D	EATH	
M	issouri	U.S.A		WIDOWE		ol may	itaon	IPVII		MD.
10. C	TY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	G HOME C	R OTHER INSTITUTION	12a USUAL O	CCURATION	- 121	KIND OF	BUSINESS OR
Ī	Bethesda	(IF NOT IN SUCH	FACILITY, GIVE STREET	DDRESSI	. 1	TYPE OF WORK	FOR MOST OF W	ORKING LIFE) IN	DUSTRY	partmen
	AL RESIDENCE (IF NURSING HOME OF		WE RESIDENCE BEFORE	ADMISSIONI	UC .	1 2201	arzan	beat	c De	paremen
13a. S	TATE 136 COU	VIV	Takoma	N	136. INSIDE CITY LIMITS YES IN NO			11 Av	enue	
14. FA	THER'S NAME				15. MOTHER'S MAIDEN	INAME				
R	olla element	Berry	Holt		E11en	Lau	ra		Bowe	
	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT					se, MD.
1	(ES. NO OR UNKNOWN) (IF YES, GI	E WAR OR DATES	570 /0	0700	Phillip	C Holt	8105	Vorr	Ta	se, mb.
_			579-48-			C. HOLL	0103	Kell		AATE INTERVAL
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per li ED BY:	ine far (a), (b), and	(c).)	1:0 10	-11	//		BETWEENO	NSET AND DEATH
		TE CAUSE (0)	(0)	200	it who	Dr1 16	ullin			
	4140	DUE TO, OR	AS A CONSEQUE	NCE #F	1 . 1	//	/	11		
	Conditions, if ony, which	((b)		AVI	DYIUSCIPN	stic h	Port	0/18	300	
	gove rise to immediate couse (a), stating the	DUE TO OR	AS A CONSEQUE	NCF OF						
	underlying couse last.	(10)	7,0 7, 00, 100, 000							
	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE	OR CONDIT	ION GIVEN IN	PART 1(o	1
NO			10							
CERTIFICATION	19g. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO		DE IF YES, WER		
FFC						VEC	NOLA	VES T	CAUSES	OF DEATH?
ERT	71a. ACCIDENT WAS UNDERLYING	7 21b. TIME OF	INTITIPY		21c. HOW INJURY OC	YES [-95		0.0407.31	140
	OR CONTRIBUTING CAUSE OF DE	110110 4 11	MONTH DA	Y YEAR	THE TIEST WAS BEEN COL	CORRED (ENTERNAL	DRE OF INJURY IN	THEM TO PART TO	R F MR 2	
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE			19	***************************************					
AED	214 INJURY OCCURRED	21e. PLACE O	F INJURY ET, FACTORY, OFFICE, F/	ARM ETC)	211. LOCATION STREET		CITY OR TOWN	C	YIMUC	STATE
•	AT WORK AT WORK	3-1				10				
И.	220.1 certify that (I) (this hasp		1-11			27	PMI	. 19	, t	ha (I) we) lost
	ta the deceased alive or above (1) we) (did) (did no	t Diew the hadde	iter death	, or	nd that in (my) (aur) apir	nion death accurred	on the date	and hour and	from the c	ouses stated
	DIK SIGNATURE	A A	mer dedili.		DEGREE			2	2c. DATE S	MGNED
(- W. R	11/2	2-1/2-	/	20 ATTENDIN PHYSICIAL	G MEDICAL DIRECTOR	STAFF		1/2	4/81
	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	word		22e. ADDRESS	DIRECTORE	_ FITTSICIAL	1		//0/
	16/1 8	1 /m	2/12/11	12-2	8805	Comm	An	Che	20 /	Charok
	JUPIN (1)		10000	4	100	400		6 - 16	En l	01-10-1
	SURIAL, CREMATION, REMOVAL	236. DATE 1	981 23c. N	IAME OF C	EMETERY OR CREMATO	ORY 23d. LOCA			7.6	5
	SURIAL, CREMATION, REMOVAL SPECIFY) Cremation	_	7 0 2	Metr Urem	EMETERY OR CREMATO opolitan atory	CITY C	ION R TOWN Xandr	ia		ginia
	SPECIFY)	Januar	7 0 2	Metr	opolitan atory	CITY C	xandr	ia	Vir	

DHMH-16 30M 2/80 (VRA 15, 4)

Homes, P.A. Bethesda, Maryland

retained by the haspital ar attending physician.

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6		1.	FOR STATE REGISTRAR			DEPARTN	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8	NO.	0 2 6	1 6
			CEASED NAME	FIRST	7	MIDDLE		AST	20. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
y be	death death		B	040	1	Clyde	Ho	oper	Jan,	2,1	981	11:3
Page 4 may be	r, pa	3. SE	X	4 RA	ACE		5. DATE C		6 AGE (IN YEARS LAST I	BIRTHDAY)	MONTHS DAYS	HOURS M
age 4	aft afte		ale		White		Jan	/ 1 1	49	YRS.	MONTHS OATS	INCORS IM
E .	MARA.		RTHPLACE (STATE OR FORE	IGN 76 C	ITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	1 BALTIMORE CITY	OR COUNT	Y OF DEATH	
dea	V/10		orth Carolin		J. S.		WIDOWE	D DIVORCED	n	2000	1.	
after ,		10 C	TY OR TOWN OF DEATH			HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPA			OF BUSINESS
on since	A PA		ilver Spring	gs I	Holy	Cross Hos	pital		Mechanic		Auto	mobile
MARYLAND 2120 uted within 24 hour	y filled in rould be fi	13a 3	AL RESIDENCE IN NURSING STATE 13 Arvland	HOME OR OTHE	R INSTITUTION	GIVE RESIDENCE BEFORE 130 CITY OR TOWN Silver S	4	134. INSIDE CITY LIMITS?	13. STREET ADDRES	s y Terr	ace	
with with	a k	4.00	THER'S NAME					15. MOTHER'S MAIDEN NA	ME			
MAR	complete 1 and 2		George	MIDDLE	E	Hooper		Effie	MIDDLE		Ноо	
			VAS DECEASED EVER IN	U.S. ARMED		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADD	PRESS		ilver
No pe	Pages , the			Korean	OR DATES!	242-38-3	544	Janet W. Hoo	per 2613 C	ory Te	rrace	Md.
1 W. PRESTON ST., BALTIMORE,	d by the attending physician ase remove carbon papers. P lal, cremation, or removal.		Conditions, if any, v gave rise to immer couse (a), stating	CAUSEĎ BY MEDIATE CA Which diate	DUE TO, O	RAS A CONSEQUE	-pull	monay area on stroke	ent of Nyp	ofens.	BETWEEN	KMATE INTERVAL ONSET AND DEA
RDS, 20 w requir	een signed I Then pleas or to burial any injury,	NO	PART 2 OTHER SIGNIF	ICANT CON	DITIONS <u>C</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	ONDITION G	IVEN IN PART 1	la i
AL RECO	e has bermit.	CERTIFICATION	19a DATE OF OPERATIO	C	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	AEZ MO	IN CERT	ES, WERE FINDI IFYING CAUSES 'ES	
DIVISION OF VITAL RECORDS, 201 W. TTENDING PHYSICIAN: The law requires tha	is certificat rial-transit p Aental Hygi or Item 18		218. ACCIDENT WAS UNDER OR CONTRIBUTING CAU LIF EITHER, NOTIFY MEDICALE	SE OF DEATH		DE INJURY .M. MONTH DA .M.	Y FAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART 1 OR PART 2)	
IVISION DING PH tending (After this the buri	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	m l		OF INJURY REET, SACTORY, OFFICE, FA	ARM, ETC)	21f LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
ATTEN(ECTOR: for use as of Healt em 21 is r	K	22a.1 certify that (1) (the saw the deceased above (1) (we) (did	olive on I-C	5-00	31 10	1-07	nd that in (a) (our) opinion		date and he	19 <u>8/</u> our and from the	that (i) (we)

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE that (1) (we) lost

22c DATE SIGNED

MIN

Silver Spgs.

MD.

TO FUNERAL DIRECTO should be detached for us with the State Dept. of H IMPORTANT: If Item ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING 274. PHYSICIAN'S NAME (TYPE OR PRINT) 22 ADDRESS 234 LOCATION CITY OF TOWN 231. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE STATE COUNTY 250. DATE REC'D. BY REGISTRAP 256. REGISTRAPS SIGNATURE /6/81 Bura il Thomas Cemetery 24 FUNERAL DIRECTOR **DHMH-16 25M** ADDRESS (VRA 15, 4) 1/79 Luray, Va. 22835 The Bradley Funeral Home

DEGREE

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certificote be physician

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mpletely filled in by the and 2 should be filed

completely

offendi deoth

to burial, cremotion,

prior

FOR STATE REGISTRAR			DEPART	MENT OF H	EALTH AND ICATE OF	MENTAL HYG	REG.	NO.	2 4	6
I. DECEASED NAME	FIRST		WIDDLE		AST		2a. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
(TYPE OR PRINT)	MASO	N	н.	Ho	PWO	CO	JANU	ARY &	1891,66	73
3. SEX	100	4. RACE		5. DATE (1,903	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DATS	IF UNDER 24
Male		Cauca	sian		mber		77	YRS		
70 BIRTHPLACE (STATE COUNTRY) Washingto			F WHAT COUNTRY?	MARRIE WIDOWI	_	R MARRIED	9 BALTIMORE CITY MONTG	_		
10 CITY OR TOWN OF	DEATH		F HOSPITAL, NURSIN		OR OTHER IN	ISTITUTION	12g. USUAL OCCUPA			OF BUSINESS
BETHEST	A		URBAN		PITA	- L.	Sales	7 07 11 01111110		iture
USUAL RESIDENCE (# 130 STATE Maryland	13h COUN		13c. CITY OR TOW	/N	13d. INSIDE	CITY LIMITS?	13e. STREET ADDRES 4977 Ba		Lane	#714
14 FATHER'S NAME FIRST Thomas		MIDDLE	Hopwood	l		R'S MAIDEN NA FIRST Zabeth	MIDDLE		N/A	ST
160 WAS DECEASED E (YES, NO OR UNKNOWN		MED FORCES? E WAR OR DATES)			17. INFOR				Maryl	
No			577-05-	366/	Clai	re Por	ter 8207	Mapl		
18 CAUSE OF D PART I. DEAT	H WAS CAUSE	D BY: E CAUSE (a)_	er line for (a), (b) or OR AS A CONSEOU	ac	arr	est			BETWEEN 3	ONSET AND DE
Canditions, if		(b).		mor	ia				2	week
gove rise to cause (a), s underlying co	tating the	DUE TO,	Chionu	OUR	lul	w Pa	monera	clises	20 /1) egr
	SIGNIFICANT (CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELAT	ED TO HE TERM	NINAL DISEASE OF CO	NDITION G	GIVEN IN PART 1	a, V
NO 190 DATE OF OP	ERATION	19b. CON	DITION FOR WHICH	OPERATIO	N WAS PER	FORMED	20a AUTOPSY?		'ES, WERE FINDII TIFYING CAUSES	

this certificate has bee TO FUNERAL DIRECTOR: After this certificate hos should be detached for use as the buriol-transit per with the State Dept. of Health and Mental Hygiene! morked or Item 18 shows CERTIFIC ng physicion OR ATTENDING PHYSICIAN: HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. LIFETHER NOTIFY MEDICAL EXAMINER 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION STREET CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a 1 certify that (1) (this haspital) attended the deceased from that (I) (we) lost retained by the hospital MPORTANT: If Item 21 is saw the deceased alive an above, (I) (Ve) (did) (did not) view the bady after death. and that in (my) (aur) opinian deoth occurred on the dote and haur and fram the causes stated DEGREE ATTENDING MEDICAL STAFF TO HOSPITAL DIRECTOR | PHYSICIAN 22e ADDRESS

M.D

DHMH-16 30M 2/80 (VRA 15, 4)

23a. BURIAL CREMATION, REMOVAL 23L DATE Uary 198 Cremation

ACCIDENT WAS UNDERLYING

23c. NAME OF CEMETERY OR CREMATORY Metropolitan Crem.

21c. HOW INJURY OCCURRED

23d. LOCATION CITY OR TOWN

NOX

12b. KIND OF BUSINESS OR

NO [

IF UNDER 24 HRS

MD.

YES [

Alexandria Virginia 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR SHIGHATURE

24 FUNERAL DIRECTOR Robert A. Pumphaey Funeral P.A. Bethesda, Maryland Homes

21b. TIME OF INJURY

Wise onsir

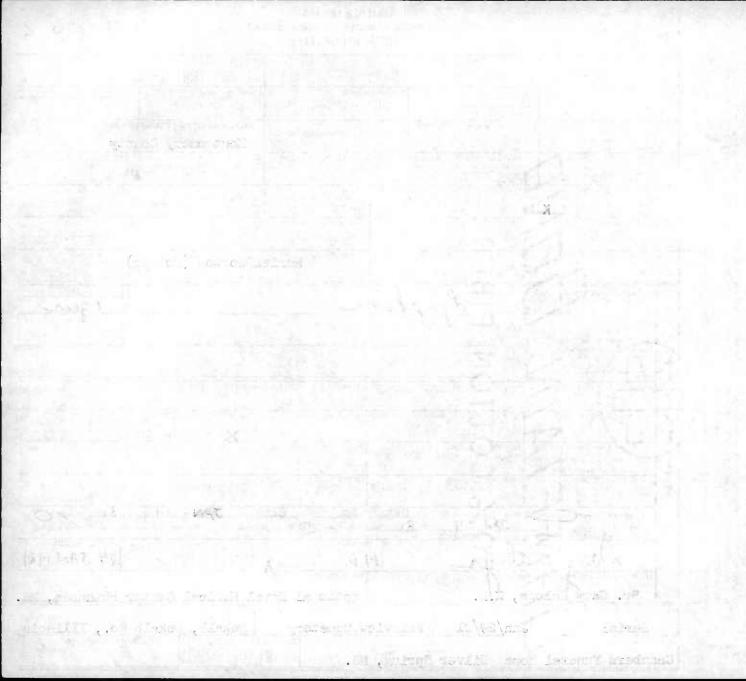
Fred Base Sample Scool 96H . President The state of the s V. SamoatuoM BITHEST SUBJECTION MOSPITALE STATES ACCOUNTS Selection of the second - Jadas M. Han war Bullet frent . - bereda-Man albi calci all re-recentation lace to CANADA TO THE STATE OF THE STAT Living I are the second of a state of the second John O. Allen M. D. C. Sall Wilson and Ash Dill The street of the second of th T. J. VAL. Transfers Sungar . . . 27200:

IO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be

		FOR STATE REGISTRAR		DEPARTA	CERTIF	E OF MARYLAND REALTH AND MENTAL HYG FICATE OF DEATH	IENE Ö		2 4	6 2
n.e		1. DECEASED NAME FIRST (TYPE OR PRINT)		MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
900		KENNETH	MICH	IAEL	HOR'	TON	JAN 24	1981		0600 w
21		3. SEX	4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIR	THDAY) IF UN	DER 1 YEAR	IF UNDER 24 HRS
[] [] []		MALE	CAUCASI	ON	OCT	29 1956	24	YRS.		NOOKS MAN.
The state of the s	51	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) ILLINOIS	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED X	9 BALTIMORE CITY O			MD.
by the fu filed with notified	27	BETHESDA MD .	NNMC E	BETHESDA T	1D .	DR OTHER INSTITUTION	120. USUAL OCCUPATION OF WORK FOR MOST CONAR TECH	F WORKING LIFE) IN	KIND OF NOUSTRY	BUSINESSOR
filled in rould be	5/		OR OTHER INSTITUTION UNITY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW MALTA	admission) N	13d. INSIDE CITY LIMITS? YES X NO	130 STREET ADDRESS	TZ +		
completely filled in by the 1 and 2 should be filed w. ole examiner must be notified	9		A RUE	HORTON		MURIEL MURIEL	JANILE		HOPK	ZNI
s. Pages 1	3	160 WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES) 75-1981	166. SOCIAL SECU		Murie 406 S SIXTH	el Horton (1 ST. DE KALI			
ed by the attending physici please remave carbon paper irial, cremation, or remaval. or other traumatic event, th		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, O DUE TO, O (b) DUE TO, O (c)	r as a conseque	NCE OF				/ y	MATE INTÉRVAL INSET AND DEATH
has been sign t permit. Then ene priar ta bu aws any injury.	1	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	RE FINDIN	GS USED
certificate h rial-transit ental Hygier Item 18 shav	9	OR COLUMNIC CALLES OF	DEATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 (ORPART 2)	
s the burn ond Me	1	OKCONIKBUTING CASSON (IF EITHER NOTIFY MEDICAL EXAMIL 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE			21f. LOCATION STREET	CITY OR TO	wn (COUNTY	STATE
JIRECTOR: Af thed for use a lept, of Healti them 21 is ma		270 I certify that this has saw the deceased alive above, it was found that	on JAN	24 19 5	31, 01	nd that in (my) (CO) opinion of DEGREE	death accurred an the do	ate and havr and	1 from the c	SIGNED
TO FUNERAL DIRECTOR: should be detached for us with the State Dept. of Hee MPORTANT: If them 21 is r	1	Dr. Gary Za	Loga, N.D	-		1.0. ATTENDING PHYSICIAN 222e. ADDRESS National Nav		IAN D		AN 1981
¥ 5 3 <u>₹</u> 1		230. BURIAL, CREMATION, REMOVA (SPECIFY) Burial	Jan/29			emetery or crematory	23d LOCATION CITY OF TOWN Dekalb, I	ekalb C	0., I	llinois
30M 2/80 15, 4)		24 FUNERAL DIRECTOR NAME Chambers Funeral	. Home S	ilver Spr	ring,		EB 3 1981			Creedy

BP. DHMH-16 30M 2/80 (VRA 15, 4)

etained by the haspital or attending physician



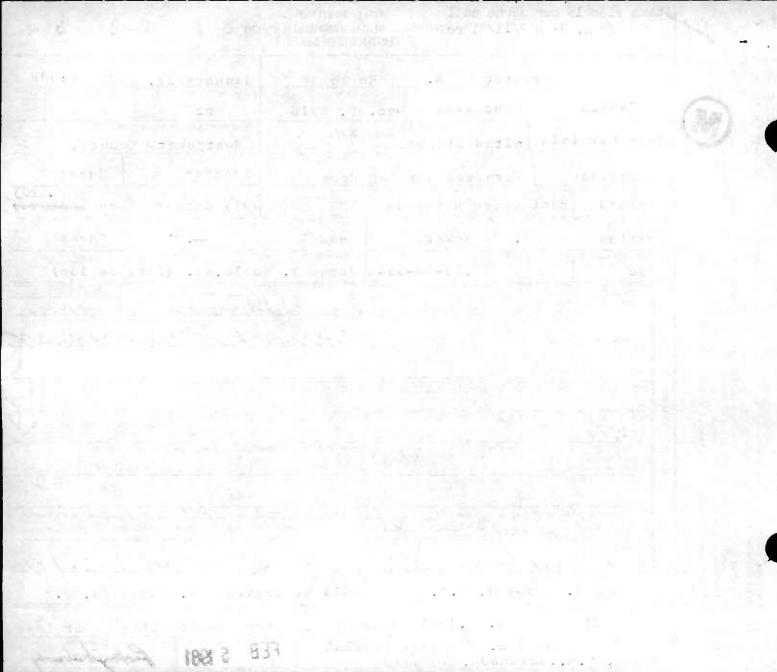
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MARRIED MAYORED DO NATION NEVER MARRIED NEVE	-	n W	Vept 6	0872	The state of the s			1/1 19 8
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (PMOT HAS JOCK FACILITY, ONE STREET ADDRESS) 12. STATE 13. STATE 13. STATE 13. STATE 14. MODIE 15. MODIE 16. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) PART I DEATH WAS CAUSED BY: 16. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) PART I DEATH WAS CAUSED BY: 16. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) PART I DEATH WAS CAUSED BY: 17. IMMEDIATE CAUSE (a) 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) PART I DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) PART I DEATH WAS CAUSED BY: 19. DATE OF OPERATION 19. DATE OF OPERATION 19. CAUSE OF DEATH (BUTING 10 GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19. DATE OF OPERATION 19. DATE OF OPERATION 19. CAUSE OF DEATH (BUTING 10 GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 20. AUTOPSY YES DATE OF OPERATION 19. DATE OF OPERATION 19. CAUSE OF DEATH (BUTING 10 GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 20. AUTOPSY YES DATE OF OPERATION 19. DATE OF OPERATION 19. CAUSE OF DEATH (BUTING 10 GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 20. AUTOPSY YES DATE OF OPERATION 21. EXTERNAL CAUSE WAS 21. TIME OF INJURY YES DATE OF OPERATION 19. CAUSE OF DEATH P.M. 19 21. EXTERNAL CAUSE WAS 21. TIME OF INJURY 19. DATE OF OPERATION 19. CAUSE OF DEATH P.M. 19 21. AUTOPSY YES DATE OF OPERATION 21. AUTOPSY YES DATE OF OPERATION 19. CAUSE OF DEATH P.M. 19 21. AUTOPSY YES DATE OF OPERATION 19. CAUSE OF DEATH P.M. 19 21. AUTOPSY YES DATE OF OPERATION 19. CAUSE OF DEATH P.M. 19 21. AUTOPSY YES DATE OF OPERATION 19. CAUSE OF DEATH P.M. 19 21. AUTOPSY YES DATE OF OPERATION 19. CAUSE OF DEATH P.M. 19 21. AUTOPSY YES DATE OF OPERATION 1			7b. ZITIZEN OF WI	HAT COUNTRY?	8. MARRIED NEVER	MARRIED . 9. BALTI	MORE CITY OR COU	NTY OF DEATH
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136. STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE (ITY LIMITS? YES NO 136. STREET ADDRESS YES NO 15. MOTHER'S MAIME FIRST 15. MOTHER'S MAIME FIRST 16. WAS DECEASED EVER IN U. S. ARMED FORCES? (IT YES, ONE WAR OR DATE) 16. WAS DECEASED EVER IN U. S. ARMED FORCES? (IT YES, ONE WAR OR DATE) 16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Lying cause lost. (b) DUE TO, OR AS A CONSEQUENCE OF Lying cause lost. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY YES UNDERLYING OR 197. DATE OF OPERATION 198. CONTRIBUTING CAUSE OF DEATH P.M. 19 199. DATE OF OPERATION 216. EXTERNAL CAUSE WAS 1216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 216. LOCATION 217. INFORMANT ADDRESS Vivian Howes 5701 Damas cus Rd. Gai APPROXIMAL BETWEEN ONS! 218. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 219. LOCATION 219. LOCATION 219. LOCATION 219. LOCATION 219. LOCATION 210. LIMITS? 130. STREET ADDRESS NO 130. MISSIBLE (ITY LIMITS? NO 1315. MODIE PART 2 OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR P.M. 19 219. LOCATION 219. LOCATION 219. LOCATION 219. LOCATION 210. LIMITS? 210.	AICIIA	Olney	Man	t. Bur	naval Nou	Farmer		Agricu
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death resulted fram: Natural causes Accident , Suicide , Homicide , Undetermined manner , TITLE (SPECIFY) M.D. Day MEDICAL EXAMINER SIGNED EXAMINER'S FAME (TYPE OF PRINT) Dr. John S. Rogers ADDRESS Silver Spring, Maryland 230, BURIAL CREMATION, REMOVAL [23], DATE 231, NAME OF CEMETERY OF CREMATORY 1234, LOCATION	WEDICAL MEDICAL	PART 2 OTHER SIGNIFICANT CONDI- 190. DATE OF OPERATION 210. EXTERNAL CAUSE WA UNDERLYING OR CONTRIBUTING CAUSE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that I took of death resulted fram: EXAMINER'S AME (TYPE FRINT) Dr RIAL, CREMATION, REMOV	IIONS CONTRIBUTING TO OF ATH IPS. CONDITIONS 21b. TIME OI HOUR A.M OF DEATH P.M 21e. PLACE OSTREET, FACT Charge of the remains des Natural causes John S. Re AL 23b. DATE	BUT NOT RELATED TO THE TER TION FOR WHICH OPE FINJURY A. MONTH DAY YEA NO. 19 OF INJURY (AT HOME, TORY, FARM, ETC.) Scribed above, held an Accident , S Ogers 23c. NAME OF C	RMINAL DISEASE OR CONDITION GIVE ERATION WAS PERFORMED 21c. HOW INJURY OCC 21l. LOCATION STREET Autapsy Institute (Special Conditions) Autapsy Autapsy Institute (Special Conditions) Autapsy Autapsy Institute (Special Conditions) Autapsy Autapsy Institute (Special Conditions) Autapsy Autapsy Institute (Spec	CURRED (ENTER NATURE OF IN CITY OR TO Pectian . Inquiry Undetermined m FY) MEDICAL EXAL 1234. LOCATION	own continued and in my definition of the continued of th	OUNTY Depinion Jan 1/

STATE OF MARYLAND

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DHMH-16 30M 2/80 (VRA 15, 4)

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	FOR W/Fun. STATE REGISTRAR					EALTH AND MEN			REG. NO.	0 2	4	6	4
1. DE	CEASED NAME ORPRINT)	FIRST	,	MIDDLE	L	AST		2a. DATE OF DE	нтиом НТА	DAY	YEAR	2b. HOL	
		Mar	garet	В.		oyle		Januar		198:		:30	141
3. SE	Female		Cauca	sian	Dec.			AGE (IN YEARS		MONTHS	DAYS	IF UNDER	MIN.
	RTHPLACE (STATE OR F COUNTRY) Virgi			States	MARRIE	D NEVER MAR	RIED -	Mont	city <u>or</u> cou go me r y				MD.
	TY OR TOWN OF DEA Bethes da	ATH	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITU	TION	120 USUAL OCC	UPATION MOST OF WORK	ING LIFE) 12b.	KIND OF		
USU. Bo. S Ma	AL RESIDENCE (IF NURS STATE ryland	131 COUN Mont		GIVE RESIDENCE BEFOR 134 CITY OR TOV Betnes		13d. INSIDE CITY YES Z NO	LIMITS?	ONSET BE	RESS	y Lan	e (pt.	203
	haries		A •	Bowers		15. MOTHER'S MA			роце М		Payr	ne	
	VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	213-44-		James	T. Ho	yle,S	ADDRESS	ame a	s 13	3e)	
NO	Conditions, if ony, gove rise to imm couse (a), stating underlying couse PART 2. OTHER SIGN	, which mediate ag the lost.	(b) DUE TO, OF	RAS A CONSEQUENCE AS A CONSEQUENCE	ENCE OF	NOT RELATED TO	THE TERMIN	AG C	RCONDITION	GIVEN IN F	PART I(o	12	3 95
CAL CERTIFICATION	210. ACTIOENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDIA	DERLYING CAUSE OF DEA	21b, TIME O HOUR A.	F INJURY M. MONTH D	AY YEAR	21c. HOW INJUR	1		IN C	IF YES, WERE ERTIFYING O YES M 18 PART I OR	CAUSES	GS USEI OF DEAT	H?
MEDICAL	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WO	ORE C	21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211. LOCATION STREET		0	TY OR TOWN	COL	UNTY	S	TATE
	220.1 certify that (I) sow the decease above, (I) (we) (c	ed olive on	Xa	ma 219	-	nd that in (my) (our	r) opinion de	-, 10	the date and				,
	THE PHYSIC AN'S N	AME SWPEO	(AND	m)	nc/		NDING SICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	1	121	9.	81
22			novan,			8218 W				thes	la,M	id.	
	BURIAL, CREMATION,	L		0,1981	Mono	cacy Ce	meter		llsvi				and
	OMES, P.			PUMPHRE A, MARYL		NERAL	250 FE	5 19		GISTBAR'S	IGNATU	JRE Cher	dy_



MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be

should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	STATE OF MARYLAND	
DEPARTMEN	T OF HEALTH AND MENTAL HYGIENE	
C	ERTIFICATE OF DEATH	

STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYGH CERTIFICATE OF DEATH	ENE S	2000		0	2	إه	6	2
CERTIFICATE OF DEATH		REG. I	NO.					
LAST	7a DATE OF	DEATH	MONTH	DAY	YEA	R	7h HOLL	P

	REGISTRAR	CERTI	FICATE OF DEATH	REG. NO.	
	DECEASED NAME FRST YPE OR PRINT) ESThe	y H. H	uffman	20 DATE OF DEATH MONTH	9 8/ 12 55, M
1	Female	Caucasian 5 DATE	OF BIRTH TH DAY YEAR Z8 /D	6 AGE (IN YEARS LAST BIRTHOAY) 70 YRS	# UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
2 %	Chio	USA WIDOW		Montgomery	TY OF DEATH MD
	CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOME (IF NOTIN SUCH FACILITY, GIVE STREET ADDRESS) KOCK V, 1/2 N	OR OTHER INSTITUTION HOME	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOMEMAKET	LIFE) 12b. KIND OF BUSINESS OR INDUSTRY Home
	SUAL RESIDENCE (# NURLING HOME OR O 6. STATE	1.0	YES NO	13535 Turkey B	ranch, Pkwy.
1	FATHER'S NAME	Step Post	15 MOTHER'S MAIDEN NA	WKNOWN	LAST
160	WAS DECEASED EVER IN U.S. ARM	NAR OR OATES) 166 SOCIAL SECURITY NO 579-22-4621	Ray E. Smith,	Sr. 19446 Bras Maryland 20760	sie P1.
	PART I. DEATH WAS CAUSED BY (MMEDIATE CAUSE to) (CVA 2 to, Arteriosclevtic cardio-				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which (16) Vascular disease, Bilateral cerelevou-				
	gove rise to immediate cause (a), stating the underlying cause lost Due to, OR AS A CONSEQUENCE OF Diabetes Mellitus (c) asular acclusions, breast cancer				
NO		ONDITIONS <u>CONTRIBUTING TO DEATH</u> BU	T NOT RELATED TO THE TERM		GIVEN IN PART To
CERTIFICATION	190 DATE OF OPERATION			IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
1 3	OR CONTRIBUTING CAUSE OF DEATH				B, PART I OR PART 2)
Spic	214 INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE

WHILE AT WORK NOT WHILE

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

STREET

CITY OR TOWN

STATE

STATE

22a I certify that (I) (this hospital) frigned the deceased from saw the deceosed olive on above, (I) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 226. SIGNATURE 22c. DATE SIGNED ATTENDING

22d. PHYSICIAN'S NAME MYPE OR PRINT!

MEDICAL STAFF
DIRECTOR PHYSICIAN PHYSICIAN Y

George Orr

22e ADDRESS

6525 Belcrest

230. BURIAL, CREMATION, REMOVAL BURIAL January 13

23¢ NAME OF CEMETERY OR CREMATORY

Parklawn Memorial

23d. LOCATION

COUNTY

Robert A. Pumphress Funeral Homes, Rockville, Maryland 24 FUNERAL DIRECTOR

DHMH-16 25M (VRA 15, 4) 1/79

BP.

The second secon of the state of th Value of the second of the sec Married 1881 or wer

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled within 72 hours at the state Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar other traumatic event, the

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1	2	/	-	-	
	and the same of				

4 may be

certificate be executed within 24 hours after

requires that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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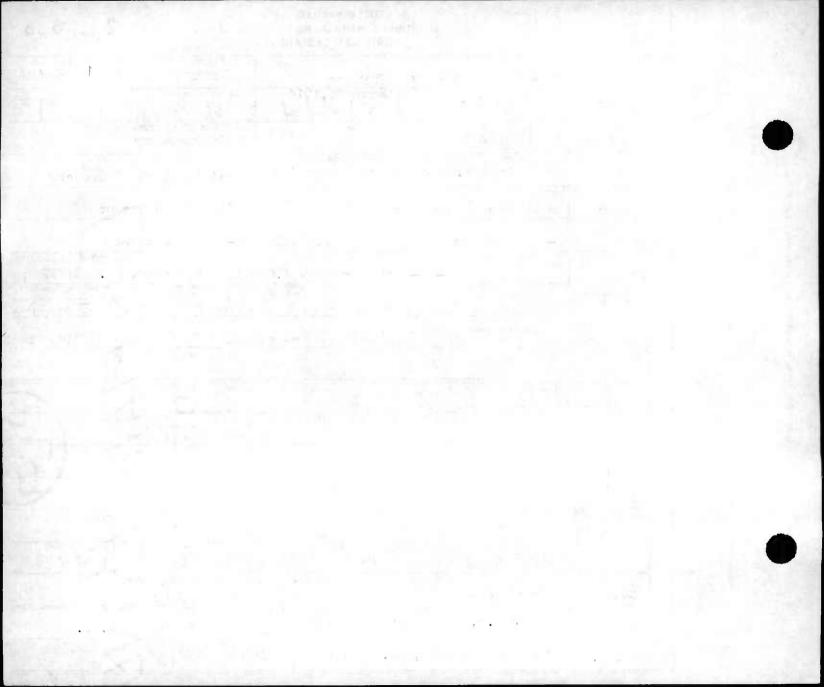
REGISTRAR				CLIVIII	ICAIL OI DEAL			REG. NO.			
1. DECEASED NAME	FIRST		MIDDLE	l	AST		2a DATE OF	DEATH MO	NTH	DAY YEAR	2b. HOUR
(TYPE OR PRINT)	Thoma		Anthony		ghes			nuary		1981	6:40AM
male		W hi	te	SMarc MONTH	h 25,1914	YEAR	6 AGE INYE	ARS LAST BIRTHDA		MONTHS DAYS	HOURS MIN.
70. BIRTHPLACE (STATE OF COUNTRY) YOTK	_	USA	WHAT COUNTRY?	WIDOWE		CED	Мо	ntgome	ery		MD.
Olney	DEATH				al Hospi			OCCUPATION REPORT MOST OF WI ail Cle		12b. KIND O INDUSTRY Groc	ery
USUAL RESIDENCE (IFN 130 STATE New York	136 GOU	ROTHER INSTITUTION NTY hattan	GIVE RESIDENCE BEFORE 13c CITY OR TOW New Yor	N	13d INSIDE CITY LI YES 🛣 NO			ADDRESS Seamai	n Av	enue	
Thomas	_	Hugh	nes LAST		Isabe		.E		acqu		л
16a WAS DECEASED EV (YES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU 088-09-6		Beverly	A.Cah	nill	Woodb:		Md. 2	1797
18 CAUSE OF DE PART I. DE ATH	I WAS CAUSE	nly ane cause per ED BY: TE CAUSE (a)	Con se	- 1	e Hear	TF	ai lui	-6		denne.	MATE INTERVAL ONSET AND DEATH
Conditions, if o gove rise to couse (a), sto underlying cal	immediate ating the	(b)	R AS A CONSEQUE	relie	I Fulu	uch	in			100	zears
	dene	CONDITIONS CO	COCKET	DEATH BUT	NOT RELATED TO T	THE TERMIN	VAL DISEAS	e or condit	ION GIV	EN IN PART TO) '
OF STATE OF OPE	RATION	19b. COND	ITION FOR WHICH	OPERATIO	n was performed	D	20a AUTO		CERTIF	S, WERE FINDING CAUSES	
OR CONTRIBUTING	CAUSE OF DE	HOUR A.	m. month da m.	AY YEAR	21c. HOW INJURY	OCCURRE	D (ENTERNA	TURE OF INJURY IN	ITEM 18, P	PART 1 OR PART 2)	
	JRRED WHILE WORK	21e. PLACE JAT HOME, ST	OF INJURY REET, FACTORY, OFFICE, E	ARM, ETC.)	211 LOCATION STREET			CITY OR TOWN		COUNTY	STATE
	ased alive an	11	19	/B 5/	Dec 19 ad that in (my) (aur)	apinion de	eath accurre	d an the late	and hou	19_81, or and Irom the	that (1) (we) lost causes stated
22b. SIGNATURE	160	色年			PHYS	IDING KI	1	STAFF PHYSICIAN		22c. DATE	SIGNED 81
Lewis	Kell	ert, mi			22e ADDRESS/8	911	md.	Ph; 119		,	
230. BURIAL, CREMATIO Cremation	n, removal	Jan.6	,1981 23cL	ee Cr	emetery or crem ema tory		Wa	shingt	at A	D. C.	STATE
FRANCIS H.	BARBER	LAYTO	NSVILLE,	MD.	20760	25a. DAJE	REC'D BY R	1981 ^R 256	REGIST	RAR'S SIGNAL	URE andy

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DHMH - 16 50M 1/76 (VR A 15 (4))

FRANCIS H. BARBER LAYTONSVILLE, MD.

BP.



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral dires should be detached for use as the burial-transit permit. Then please remove corbanapapers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

1	-	FOR		DEPARTA		OF MARYLAND	GIENE 8	n	2 4	6 1
di	η.	STATE REGISTRAR				CATE OF DEATH		EG. NO.	Con "I	0 /
		CEASED NAME FIRST PROPERTY OF THE PROPERTY OF	REDERICH	RLES	H	OTCHINGS	2a. DATE OF DE		181	% HOUR 8'15 A M
	3 SE		4 RACE	MLLS	5. DATE O		& AGE (IN YEARS I	AST BIRTHDAY	F UNDER LYEAR	FUNDER 34 HEL
		MALE	WHITE		DE		95	YR5.	Della Della	motors min
7	7a. BI	RTHPLACE (STATE OR FOREIGN OUNTRY) ENGLAND	u.s.		WIDOWE		MON	TGOMERY	OF DEATH	MD.
90		ITY OR TOWN OF DEATH	(IF NOT IN SUCE	IOSPITAL, NURSIN HEACILITY, GIVE STREET CARE NURS	ADDRESS)	ROTHER INSTITUTION	12a USUAL OCC (TYPE OF WORK FOR DIE HAR	MOST OF WORKING LIFE	INDUSTRY	CK CO.
35	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUP	OMERY	GIVE RESIDENCE BEFORE 136. CITY OR TOW STLVER SP	'N	13d. INSIDE CITY LIMITS?	13e. STREET ADD 2815	RESS VIXEN LAN	ΙE	
SZ	14. F.A	ATHER'S NAME ALBERT	WIDDLE	HUT CHING	S	15. MOTHER'S MAIDEN NA FIRST REBECCA	MI	DOLE	HUNT	
medicol	16a. V	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? E WAR OR DATES)	368-07		MONA B. SHL		AME AS 13		IGHTER
other traumatic event, the		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA' Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OF	R AS A CONSEQUE	ENCE OF	Y FAILURE EREBRAL HE	ENDAAGE		APPROXIMETIVEEN OF	AATE HITERVAL HISET AND DEATH
shows ony injury, ar	CERTIFICATION	PART 2. OTHER SIGNIFICANT OF SEVERE 190 DATE OF OPERATION	CIROLIT	E IMB	DEATH BUT	NOT RELATED TO THE TERM CF - RE N WAS PERFORMED		PAIL URE 20b. IF YES, IN CERTIFY	WERE FINDING	GS USED
1 9 S		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATURE	OF INJURY IN ITEM 18, PA	RT 1 OR PART 2]	
rked or H	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	Cit	ORTOWN	COUNTY	STATE
om 21 is mo		22a.l certify that (I) (this hosp sow the deceased alive or	1/7	e deceosed from		d that in (my) (our) opinion	death accurred of	1.8/9/		hot (I) (we) lost ouses stoted
= = = = = = = = = = = = = = = = = = =	_	Filallan	ey M	nd/		ATTENDING PHYSICIAN (MEDICAL DIRECTOR :	STAFF PHYSICIAN []	1/8	181
MPORTANT: # #ea		RICHARD P.	DETAVE	y MI		4323 H	WARD.	ST SI	S1G.	1/2 2094
	23a. (BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d. LOCATIO CITY OR TO	WN	COUNTY	STATE
	24 F	BURIAL UNERAL DIRECTOR FRANCE	11/10/8 IS J. CO	SI P	'AKKLAI	WN CEMETERY 1250. DA	TE REC'D. BY REGI	STRAR 256. REGISTR	ONT -	MD. JRE
		500 UNIV. BLVD.			G. MD.	20901 JA	N 1 2 198		my hel	rody

DHMH - 16 50M 7/77 (VR A 15 (4))

500 UNIV. BLVD. . W. . SILVER SPRING. MD.

retained by the hospital or ottending physician.

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	3. SE	female	white mo	EOF BIRTH DAY YEAR 10 1893	AGE (IN YEARS LAST BIRTH AY) IF UNDER 1 YEAR IF UNDER 1 YEAR OURS HOURS YEAR OF THE YEAR O
#7		Washington, D	WIDO	RIED NEVER MARRIED DIVORCED	Montgomery
190	1	ock ville	11. NAME OF HOSPITAL, NURSING HOM	irsing Home	126 USUAL OCCUPATION 125 KIND OF BUSIN INDUSTRY ho
35	Ma	ryland Mon	Trother institution, give residence before admission of the commercy of the commerce of the co	YES NO NO	13e. ST8700 REVictory Lane
150		THER'S NAME FIRST Unkn		IS. MOTHER'S MAIDEN NA	Unknown LAST
ewent, the medical		VAS DECEASED EVER IN U.S. AF (ES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 16b. SOCIAL SECURITY NO 17E WAR OR DATES) 577 32 6578		ADDRESS Inman same as 13e APPROXIMATE INTITUTE OF THE PROVINCE ON SET AN
iol, crematian, or r or other traumatic		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	J11/40	MZA 3 day
no bur	0	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO BEATT	SOL MOLKETATED TO THE TERM	
ows ony injury.	RTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERA	TION WAS PERFORMED	200. AUTOPSY? 200. IF YES, WERE FINDINGS USI IN CERTIFYING CAUSES OF DEA YES NO NO
prior to bur ony injury.	MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE	19b. CONDITION FOR WHICH OPERAL 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA	TION WAS PERFORMED 21c. HOW INJURY OCCUR AR 211. LOCATION	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA
of Health and Mentol Hygiene prior to but		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMINE CAUSE) WHILE ALWORK ALWORK 22g. I certify that (1) (this hour sow the deceased alive of the deceased of the or sow	21b. TIME OF INJURY HOUR A.M. MONTH DAY YE, P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21c. HOW INJURY OCCUR AR 9 211. LOCATION STREET , ond that in (my) (ear) opinion DEGREE	200 AUTOPSY? TOB. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO NO NO NOTICE NATURE OF INJURY IN ITEM IS PART 1 OR PART 2)
Health and Mental Hygiene prior to but is morked or Item 18 shows ony injury.		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this hose sow the deceased alive of above, (I) (we') (did) (did	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA P.M. 1 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM. ETC.) 21c. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM. ETC.) 21c. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM. ETC.) 22c. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM. ETC.)	211. HOW INJURY OCCUR AR 9 211. LOCATION STREET , 19 , ond that in (my) (out) opinion DEGREE ATTENDING PHYSICIAN (208. AUTOPSY? YES NO NO NO CAUSES OF DEA YES NO CAUSES OF

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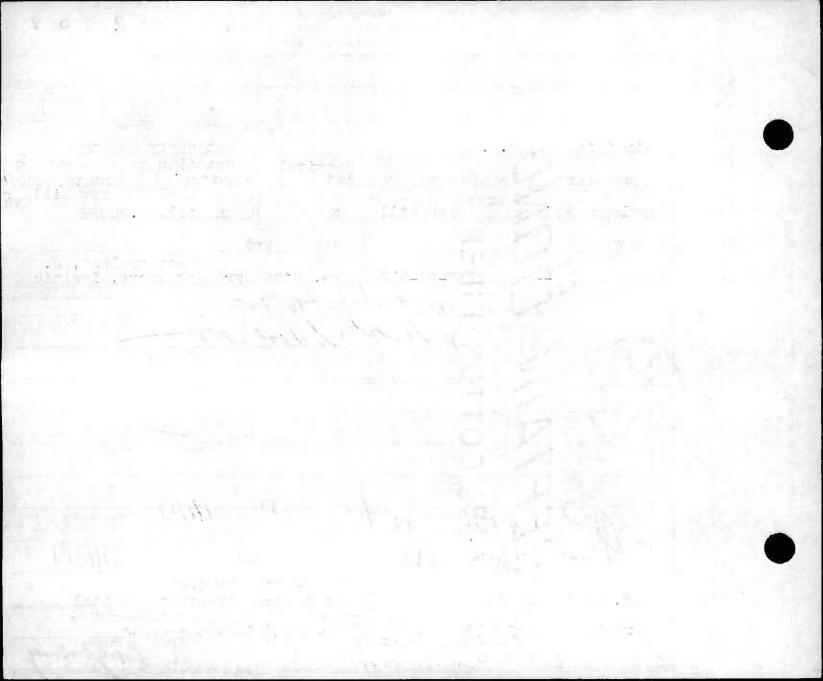
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Tyson Wheeler Funeral Fore, Inc.

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		1.	FOR STATE			DEPA	RTMENT OF H		MENTAL HY	GIENE 8		0	2	4 6	9
Total Control		Ľ	REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO.				
Km.	1		CEASED NAME	FIRST		WIODLE		AST		2a. DATE O	DEATH M	ONTH	OAY Y	EAR 2b	HOUR 8
y be				Coro		2	J.	acks	dA			/	1	810	AM
4 may	1	3. SE	X	4.	RACE		5 DATE C		YEAR	6. AGE (IN)	EARS LAST BIRTH	DAY)	IF UNDER		INDER 24 HRS
3			F		BL	15	3	7	59	d	/	YRS			7 810
h. Poge	925		RTHPLACE (STATE OR	FOREIGN 76	. CITIZEN OF	WHAT COUNT	RY? 8 MARRIE	D NEVER	MARRIED X	9 BALTIMO	RE CITY OR	COUNT	Y OF DEA	TH	
deoth.	25.5		Virginia		U.S.A	A	WIDOWE	D D	NORCED		tgome:				MD.
ie gr	1	10 C	TY OR TOWN OF DE	ATH	1. NAME OF I	HOSPITAL, NU CH FACILITY, GIVE ST	RSING HOME (OR OTHER INS	ital		eggara.		(FE) INDU	STRY F	SYPSTORX
100	8/ 1	T	akoma Pa	rk	Wash	ington	Adven	tist			toria		Cor	mty	Schoo
D D	No.	13a. S	AL RESIDENCE (IF NUR	136 COUNT	Georg	31. CITY OR T	OWN	13d. INSIDE	CITY LIMITS?	13e. STREET	ADDRESS 8	I66	Mur	ry H	$\operatorname{ill}_{i} \mathbb{P}_{i}$
y filled hould	(2)	SIM	ryland	Princ	е	Oxon	Hill	YES 😿	NO 🗌	Oxon	Hill	.Md.	200	22	
d 2 s	E I	14. FA	ATHER'S NAME	MI	DDLE	LAST		15. MOTHER	'S MAIDEN NA FIRST	ME	MIDDLE			LAST	
o o	100	-	known					Cora		rd					
Poges	Z medicol		VAS DECEASED EVER YES, NO OR UNKNOWN)		ED FORCES? WAR OR OATES)	16b SOCIALS		17 INFORM	ANT		PES	tmon	rela	nd,C	0.
0 %	0	No)			230-94	-9520	Mrs.	Otha	Byrd	Oak (Groz	VE. V	1.51	
	÷.		18 CAUSE OF DEAT PART I. DEATH V	H (Enter only	one couse per	line for (a), (b)	, and Ci.i	0	100			100	BE	PPROXIMATE WEEN ONSE	INTERVAL T AND DEATH
	event,		PARTI. DEATH V	MMEDIATE		an	NW	mu	TVI	25					
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ten Hen ve o	Iraumotic		Conditions, if any	which	(,,)	WIL	TOP	11/1	Mas	CM	V	_	-		
		100	gove rise to imi	mediote	(0)_	77.704									
y th se re	other		couse (a), statis underlying cause		DUE TO, O	R AS A CONSE	OUENCE OF								
pleo rrial,	0.0		DART 2 OTHER SIG	AUTICANIT CO	(c)	ON ITRIBUTION	TO DE ATH BUT	NOT BELLIE	O TO THE TERM		5.00.00.00.	7101101	VE-1 11 5	D7.1	===
sign hen to bu	lory	z	PART 2. OTHER SIG	NIFICANT CC	NDII IONS <u>Co</u>	DNIKIBUTING	TO DEATH BUT	NOI KELAIEI	D TO THE TERM	AINAL DISEAS	E OR CONDI	HON GI	VEN IN PA	KI IIO	
t. T	<u></u>	CERTIFICATION	19a DATE OF OPERA	TION	19h COND	ITION FOR WH	IICH OPERATIO	N WAS PERFO	DRMED	20a AUTO	DPSY?	20h 1F YF	S WERE I	INDINGS	IISEN
perm perm	500	FIC	The BATE OF GREAT		110 00110	morrow	ICT OF EXAMO	TT TT TO TERM	SKALD			IN CERT	FYING CA	USES OF	DEATH?
e = 0	Show Show	ERT	21g. ACCIDENT WAS UN	IDERLYING	21b. TIME C	E IN IURY		I 21c HOW I	NJURY OCCUR	YES	NO J		ES		0 🗆
certificate l rial-tronsit entol Hygie	9		OR CONTRIBUTING			M. MONTH	DAY YEAR	210.110 11	430KT OCCOR	KED (ENIEKN)	TURE OF INJURY	IN IIEW 18	PART TORP	ARS 2J	
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	d or	身	21d. INJURY OCCUR		21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFF	ICE, FARM, ETC.)	21f LOCATI	T ,		CITY OR TOWN	٧	COUN	1TY	STATE
os tho	orked		AT WORK AT WO	HILE DR			12	dia.	7	1	14.16	-			
R: A	S TH				I) oftended th	e eceosed fro	om of 1	17	. 19	, to	11/10	/	19	, they	(N (we) last
	21		sow the leceas	did (did not)	wey the body	after death.	9	nd that in (my	(our) opinion	deoth occurre	d on the date	e and had	ur and fro	m the cous	es stoted
DIRECT Direct Dept. of	Hem		228 SIGNATURE	las /		grier dedilli.	^	DEGREE					22c,	PATESIC	HED.
	**		TU	SIN	MIX	SA	17		ATTENDING PHYSICIAN	MEDICAL	STAFF			4/4	1
FUNERAL old be deto	Z -		22d. PHYSICIAN'S N.	AME ITYPE OR F	PRINT)			22e. ADDRES				414		•	
FUN old b	MPORT.		D T						Takoi	ma Par					
TO FUNI should be with the	<u>X</u>	22- 1	UPIAL, CREMATION	vis De	23b. DATE	1:	Br NAME OF C		commeto:	123d LOCA	entis	T. HC	Spi	T.a.I	
		130	SPECIFY)	, REMOVAL			THE PRINTE OF C	CWELEKY OR	CKEMATORY	130 FOC	TION 14/6				
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	-	24 Ft	Burial	- A	1-5	8/	lettle 3	Em Bak	How Va	Qal	EGISTPADITE	L, U	COUNTY	GNATUR	
)	24 F1	Busial NERAL DIRECTOR	y m	1-5-	Courtry Courtry	and 4	5 Sak	250. DAT	Contraction BY F	EGISTRAR 25	b. REGIS	COUNTY TRAR'S SI	GNATUR	
HMH-16 30M 2/80 (VRA 15, 4)		24 FI	Burial NERAL DIRECTOR	Lee!	7	Courtry C	and the	enligat 15	Son Va	TE REC'D. BY F	EGISTRAR 25	b. REGIS	PAR'S SI	GNATUR	



, MAKYLAND 21201	uted within 24 hours after death. Page 4 in	completely filled in by the funeral director. I and 2 should be filed within 72 hours offi	examiner must be notified of once.	11/11/20
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMONE, MANYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours after death. Page 4 in jetoined by the haspital or attending physician.	—TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 21 is marked or them 18 shaws ony injury, or other troumatic event, the medical examiner must be notified at once.	
DIVISION OF VITA	TO HOSPITAL OR ATTENDING PHYSICIAN: The I retained by the hospital or attending physician.	IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.	ORTANT: If Item 21 is morked or Item 18 sh	
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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- STATE REGISTRAR		CERTIFICATE OF DE	ATH REG.	NO.	
1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
Dorot		Jacobs	January 1		10:45 🚜
Female	White	5. DATE OF BIRTH MONTH September 15	YEAR 46	BIRTHDAY) IF UNDER 1 YE MONTHS DA YRS.	
West Virginia	U.S.A.		RRIED 9 BALTIMORE CITY	OR COUNTY OF BEATH Y County,	MD.
Bethesda, Marylar	11. NAME OF HOSPITAL, NUR. Id Clinical Cent		(TYPE OF WORK FOR MOS		D OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME OF 130 STATE Maryland 14 FATHER'S NAME	Laure	OWN 13d INSIDE CITY	AIDEN NAME	s irelwalk Driv	/e, 20811
Edgar F. Lamber	MIDDLE LAST	Fir:		Proff	CAST
160 WAS DECEASED EVER IN U.S. A			n H. Jacobs,Hus	DECC	ss same
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane cause per line far (a), (b),	and (c).)			ROXIMATE INTERVAL EN ONSET AND DEATH
Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause last.	DUE TO, OR AS A CONSEC (b) Metabol	ic Encephalopat			5 months
	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CO	DNDITION GIVEN IN PART	1(0)
19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING [196 CONDITION FOR WHI	CH OPERATION WAS PERFORM	YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES X	
	AIR	DAY YEAR	RY OCCURRED (ENTER NATURE OF IN	NJURY IN ITEM 18, PART 1 OR PART	2)
OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d IN JURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	211. LOCATION STREET	CITY OR	TOWN COUNTY	STATE
sow the deceased alive a	ital) attended the deceased from anuary 14 19	0.1	19 <u>80</u> to Januar (r) opinion death occurred an the	,	_, that (X(we) lost the couses stated
22b. SIGNATURE	Bellevi	PH COLUMN	SICIAN DIRECTOR PHY	SICIAN	ATE SIGNED
222 PHYSICIAN'S NAME (TYPE	B. WORLIN		National Institu Center, Bethe	utes of Heal sda, Md. 202	tb .
230. BURIAL, CREMATION, REMOVA (SPECIFY) Removal	1/16/81 23b. DATE 23	c. NAME OF CEMETERY OR CRE	CITY OR TOWN		STATE
24 FUNERAL DIRECTOR NAME Anatomy Board	Balto., M	d.	JAN 2 6 1981	AR 25b. RESTRAR'S SUP	the ody

DHMH-16 30M 2/80 (VRA 15, 4)

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6.		, 450		FOR STATE REGISTRAR			STATE OF MEALTH CERTIFICAT	AND MENTAL HY	GIENE 8	REG. NO.
1	м	1		1. DECEASED NAME FIRST		DDIE	LAST	1	2a. DATE C	OF DEATH MONTH
-		65		Elea	nor 1	Umn	10	cobs		/
	~	0 0		3. SEX	4 RACE		5. DATE OF BIRT		6 AGE (IN	YEARS LAST BIRTHDAY)
	ge 4	rs of		temale	Whit	e	July 1	5, 1914	66	,
	Po C	2 hou	5	Ja. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	MARRIED 1	NEVER MARRIED	9 BALTIM	ORE CITY OR CO
	eoth	in 73	S	West Virginia	U.S	.A.	WIDOWED X		Mo:	ntgomer
	-	with with		10. CITY OR TOWN OF DEATH		DSPITAL, NURSING		ER INSTITUTION		L OCCUPATION ORK FOR MOST OF WORL
5	s of	by the	1	Takoma Park	Washi	ngton A	dventi:	st Hospi	tal	Housewi
ND 212	24 hour	filled in ould be f	35	USUAL RESIDENCE (IF NURSING HOTE OF 136. STATE Maryland Was		THE RESIDENCE BEFORE A SECOND NAME OF TOWN	1 13d, 1N	ISIDE CITY LIMITS?	13e STREE	T ADDRESS Norther
RYL	athi.	2 sh		14 FATHER'S NAME	MIDDLE	LAST	15 M	OTHER'S MAIDEN NA	ME	WIDDIE
WA	Pe	ond ond	10	Ezra		Griffi	th :	Ida		
Ä,	ecut	d co es 1 ical	2	16a WAS DECEASED EVER IN U.S. A		6b SOCIAL SECUR		FORMANT		ADDRS11
OWI.	e 0	Page	1	(YES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	220-30-	9534	Hilda Mc	Caule	y, 416
ST., BALI	rtificote l	physicic onpapers emoval. event, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS		ne for (o), (b), and				
A1	Ø.	00 2	- 4	11 614						

L		remare	white	Dury T), IJI4	00	YRS.		
ſ		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8.	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DE	ATH	
I		st Virginia	U.S.A.	WIDOWED X	DIVORCED [Montgom	ery Cou	ntv.	MD.
-		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI		ER INSTITUTION	12a USUAL OCCUPATION	ON 12b.	KIND OF BUSINES	
	_	akoma Park	Washington	Adventi	st Hospit	al House		DUSTRY	
1	USU A 13a. S		ITY 136 CITY OR TOV	WN 113d, IN	ISIDE CITY LIMITS?	13e STREET ADDRESS			
1	Ma	aryland Wash	nington Hager	stown YES	ИО П	E. North	ern Ave	e., Ext'	d.
	14 FA	THER'S NAME FIRST A	MIDDLE LAST		OTHER'S MAIDEN NAM	WIDDIE		LAST	
1	E	zra	Griff	ith	Ida			Turner	
1	16a W	AS DECEASED EVER IN U.S. ARA	WAR OR DATES		FORMANT	ADDRS	ilver S	Spring,	Md.
	ľ	ES NO OR UNKNOWN) (IF YES, GIVE	220-30	-9534	Hilda McC	auley, 41	6 White	estone R	ld.
F			ly one couse per line for (o), (b), o	nd (c).)		-42		APPROXIMATE INTERV	AL EATH
4		PART I. DEATH WAS CAUSED	E CAUSE (o) Premu	renia.				1 week	
1		11,29	DUE TO OD AS A CONSTON	IENCE OF			1000	4 weals	
ı		Conditions, if ony, which	(b) prolone	and con	valose stato				
ı		gave rise to immediate	,	•				9 21/24	cone
١		underlying couse last.	DUE TO, OR AS A CONSEQUE	effcorce	ice brains	विकागिकार		b 4 mor	7K5 -
I		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO					PART 1(o)	
ł	CERTIFICATION								
1	CAT	190. DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATION WAS	PERFORMED	20a. AUTOPSY?		E FINDINGS USED CAUSES OF DEATH	12
I	E					YES NO	YES [NO [7
٦	GE	21a. ACCIDENT WAS UNDERLYING	2) 16. TIME OF INJURY HOUR A.M. MONTH D	DAY YEAR 21c. H	OW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OF	PART 2}	
ı	IA!	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	in .	19					
١	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		OCATION STREET	CITY OR TO	VN CC	DUNTY STA	ATE
ı	2	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE,	FARM, ETC.)	SIRCET				
I		220.1 certify that (I) (this hospit	tal) attended the deceased from		9 1979	to vay 21	19.8	, tho((I))we	e) lost
i		sow the deceased alive on above ((1)(ye) (did) and not	Jan 21 19	81_, and that	in my (our) opinion d	leath accurred on the do	te and hour and f	rom the couses state	ed
1	(1)	22b. SIGNATURE	/ 4 4	DEGRE	E	101 - 20-1-12	2:	C. DATE SIGNED	
1		Nilrigh	Midleso	MD	ATTENDING PHYSICIAN	MEDICAL STAF	IAN	1/22/81	
1		224 PHYSICIAN'S NAME (TYPE OR	R PRINT)		ADDRESS			MARY	LAND
		DEBURI	AH B GULDBE	no	1106 SPR	INE S+, SI	LVER SP	KING.	EV.F
1	23a. B	URIAL, CREMATION, REMOVAL		NAME OF CEMETE	RY OR CREMATORY	230. LOCATION			
		Burial	The second secon			y Hagerst	own, Wa	asn., Mo	
	24 FU	INERAL DIRECTOR	neral Chapets,		250. DATE	REC'D BY REGISTRAR	Sh. REGUSTRAR'S	SIC AL Cready	,
ı	R	est Haven Fur	neral Chapel.	Inc.,	Hag., Md.	11 6 0 130 1	1		

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1 81 IF UNDER 1 YEAR

26. HOUR

5 P M IF UNDER 24 HRS HOURS MIN.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending should be detached for use as the buriol-transit permit. Then please remove carb with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or a IMPORTANT: If them 21 is marked or Item 18 shows any injury, ar other traumatic TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death or retained by the haspital or attending physicion. BP. DHMH-16 30M 2/80 (VRA 15, 4)

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executed within 24 hours after

certificate be

requires that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

BP. DHMH-16 30M 2/80 (VRA 15, 4)

		FOR STATE	DEP	ARTMENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG	IENE 8 1	0 2 4 7
		REGISTRAR		CERTIF	FICATE OF DEATH	REG. NO.	
		EASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
	(TYPE C	mae mae		Ja	eger	TA JA	N 3, 1981 1:05
	3. SEX		4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 2
		temale	W hite	MONT	17 93		RS. DAYS HOURS
51		THPLACE (STATE OR FOREIGN UNITRY)	76 CITIZEN OF WHAT COUN	TRY? 8 MARRIE WIDOWI	D NEVER MARRIED DIVORCED D	Montgomer	y County
68	Sil	Spa.	11. NAME OF HOSPITAL, NU	JRSING HOME	Tall	120. USUAL OF SUPATION TYPE OF WORK FOR MOST OF WORKI HOUSEWAGE	12b. KIND OF BUSINES NG LIFE) I INDUSTRY
35	13a ST	ATE 13b. COL	OR OTHER INSTITUTION GIVE RESIDENCE JINTY 13t. CITY OR GOMERY SILVEY		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 600 Forest GA	Len Road
	-	HER'S NAME			15. MOTHER'S MAIDEN NA	ΛE	
150		Benjamin	Neel	y	Annie	WIDDIE	Huey
		AS DECEASED EVER IN U.S. A		SECURITY NO.	17 INFORMANT day	ighter ADDRESS	
	No	S, NO OR UNKNOWN) (IF YES, G	323-0	1-7214	Bernice E. E.	ians same	as 13
			anly one couse per line far (o), (b SED BY: ATE CAUSE (a)	ol, and (cl.)	- Prres	T.,	APPROXIMATE INTERV BETWEEN ONSET AND D
		Canditions, if any, which	DUE TO, OR AS A CONS	EQUENCE OF	ie Hourt	Falmo	10 yrs
		gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONS	EQUENCE OF	levoti an	distarter Dus	eri
			CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	
		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTINUED INC			THE DISEASE ON CONDITION	GIVEN IN PART T(a)
2		PART 2. OTHER SIGNIFICANT Diabetes 90. Date of Operation	19b. CONDITION FOR W	HICH OPERATIO	ON WAS PERFORMED	200 AUTÓPSY? 20b. I	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH
2	CERTIFICATION	Diabetes 90. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR W			200 AUTOPSY? 20b. 1	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES \(\text{NO} \(\text{NO} \)
29	CERTIFICATION	90. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	196 CONDITION FOR W 216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR		200 AUTÓPSY? 206. I	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YESNO
29	MEDICAL CERTIFICATION	90. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WMILE NOTIFY MEDICAL EXAMIN	196 CONDITION FOR W 216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR		200 AUTÓPSY? 206. I	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YESNO
29	MEDICAL CERTIFICATION	90. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN AT WORK AT WORK	19b CONDITION FOR W 21b. TIME OF INJURY HOUR A.M. MONTH ER) 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	DAY YEAR 19 FFICE, FARM ETC.)	21c. HOW INJURY OCCURS	200. AUTOPSY? 20b. IN CI YES NO	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO MARK PART I OR PART 2) COUNTY STA
29	MEDICAL CERTIFICATION	90. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF ETHER, NOTIFY MEDICAL EXAMIN 210. INJURY OCCURRED WHITE NOT WHITE AT WORK 220. I certify that (1) (*hic.hop) saw the deceased alive of	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	DAY YEAR 19 FFICE, FARM ETC.)	21c. HOW INJURY OCCURS 21f. LOCATION STREET 79	200. AUTOPSY? 20b. IN CI YES NO	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO MARKET 1 OR PART 2) COUNTY STA
29	MEDICAL CERTIFICATION	90. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF ETHER, NOTIFY MEDICAL EXAMIN 210. INJURY OCCURRED WHITE NOT WHITE AT WORK 220. I certify that (1) (*hic.hop) saw the deceased alive of	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	DAY YEAR 19 FFICE, FARM ETC.)	21c HOW INJURY OCCURE 21f LOCATION STREET 19 nd that in (my) (aur) apinian of DEGREE ATTENDING	200. AUTOPSY? YES NO IN CITY OR TOWN CITY OR TOWN The control of the dote once the control of th	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO MARKET 1 OR PART 2) COUNTY STA
/	MEDICAL CERTIFICATION	90. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify this lose saw the deceosed alive a obove, (M(we)) (Midt) (did	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	DAY YEAR 19 FFICE, FARM ETC.)	21c HOW INJURY OCCURE 21f LOCATION STREET 19 nd that in (my) (aur) apinian of DEGREE ATTENDING	200. AUTOPSY? YES NO IN CITY OR TOWN CITY OR TOWN CITY OR TOWN MEDICAL STAFF DIRECTOR PHYSICIAN	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO MARGE NO
29	MEDICAL CERTIFICATION	90. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK AT WORK Sow the deceased alive a obove, (#K) (#id) (did n 27th. SIGNATURE 27th PHYSICIAN'S NAME (TYPE	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF DISTRICT VIEW the body after death.	DAY YEAR 19 FFICE, FARM ETC) TOM 19 T	21c. HOW INJURY OCCURR 21f LOCATION STREET , 19 and that in (may) (aur) apinion of DEGREE ATTENDING PHYSICIAN 22c. ADDRESS	200. AUTOPSY? 200. IN CI YES NOTE IN CI YES NOTE IN CI YES NOTE IN CI YES NOTE IN CI CITY OR TOWN A TO STAFF DIRECTOR PHYSICIAN CI 1234. LOCATION	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO COUNTY STATES OF THE PROPERTY OF THE
	MEDICAL CERTIFICATION	90. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE 220. I certify thio (I) (this head obove, this (we) (did not prove, this (we) (did not prove)) 22d. PHYSICIAN'S NAME (TYPE	21b. TIME OF INJURY HOUR A.M. MONTH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF 10th) view the bady after death. OR PRINT) A 23b. DATE Jan. 8, 1981	DAY YEAR 19 FFICE, FARM ETC) TOM 19 T	216 LOCATION STREET 216 LOCATION STREET 19 Degree ATTENDING PHYSICIAN 22e. ADDRESS 12. F.S. AW CEMETERY OR CREMATORY	200. AUTOPSY? 200. IN CI YES NOTER NATURE OF INJURY IN ITEA CITY OR TOWN AMEDICAL STAFF DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 23d. LOCATION CITY OR TOWN ELMhurst.	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO MARGE NO

APB Linesia 1 o Line on bendured Markingsake Silvet String 600 Forces Their Road STEPHENIC Temples 1. Fungs same at 18

Tracket Francis T. Carling Mt. Hebber Elements Comit C

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed ==## with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumatic event, the

with the State Dept. or neuron.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1.	STATE REGISTRAR			our Alli	CERTIF	ICATE OF DEATH	REG.	. NO.			
	CEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR	
{ TYPE	OR PRINT) M	argue	rite	K.	Jo	hnsen	Jan.	7, 198		2:05P M	
3 SE	(4. RACE	427	5. DATE C	-, -,,,,,	6. AGE (IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 24 HRS	
	Female	-161	White		Ju	ine 28, 1908	72	YRS.	J. C.	Alla.	
76 BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WE US			_	MARRIED NEVER MARRIED 1		9 BALTIMORE CITY OR COUNTY OF DEATH Montgomery			MD.		
	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Collingswood Nursin				ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIF				12b. KIND OF BUSINESS OR INDUSTRY Home	
USU/ 13a. S	AL RESIDENCE (IF NURS TATE Md.	13b COUN	other institution.	GIVE RESIDENCE BEFOR 13t. CITY OR TOW SILVER	Spg.	13d INSIDE CITY LIMITS?	13e. STREET ADDRES		Ct.		
14. FA	THER'S NAME Harold		MIDDLE	Jorgenser	1	15. MOTHER'S MAIDEN NAME Karen	ME		Wesse.	ST	
16a V	160 WAS DECEASED EVER IN U.S. ARMED FORCE (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATE NO			058-03-8		William C. J		ORESS BOS N.C.		otomac, Md	
CERTIFICATION	Conditions, if ony, gove rise to improve (a), statin underlying couse	nediote g the lost.	DUE TO, O (c) CONDITIONS CO	DITRIBUTING TO	ENCE OF	NOT RELATED TO THE TERM - Pulmone	,	1:5 m	, WERE FIND		
CERTIFIC	210. ACCIDENT WAS UNE	DERLYING [OF INJURY 216 HOW INJURY C		21c. HOW INJURY OCCUR	YES NO	YES		NO 🗆	
MEDICAL ((IF EITHER NOTIFY MEDIC 21d. INJURY OCCURI	ONTRIBUTING CAUSE OF DEATH ACTHER NOTIFY MEDICAL EXAMINER) NJURY OCCURRED E NOT WHILE (AT HOME, ST				211 LOCATION STREET	CITY OF	ORTOWN COUNTY STATE			
	220.1 certify that (1) saw the decease above, (1) (we) (c				80 .0	nd that in (my) (our) opinion	death occurred on the	dote and hour	ond from the		
	22b. SIGNATURE	Ros	13ho		Serv	DEGREE ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN [7/1981	
	22d. PHYSICIAN'S NA Alberto	- 1		D.		22e ADDRESS 7 10401 Old Ge	orgetown 1	Rd. Beth	1, . Md.	•	
23a. E	BURIAL, CREMATION,	REMOVAL	23b. DATE			COM -	23d. LOCATION CUY OR TOWN	rille l	COUNTY	STATE	

DHMH-16 30M 2/80 (VRA 15, 4)

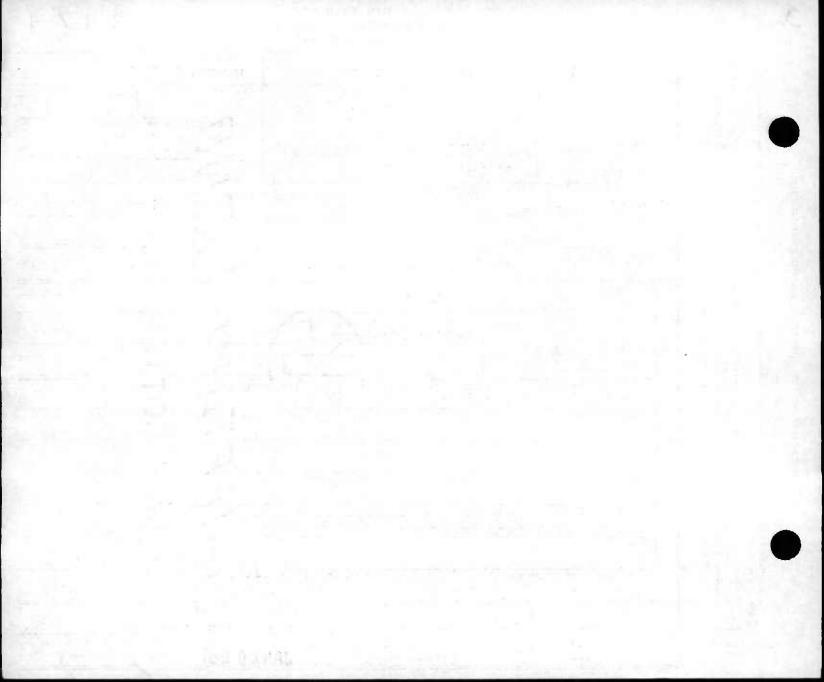
retained by the haspital or attending physician.

24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc.
NAME 5130 Wisc. Ave. N.W. Wash., D.C.

TRANSSIENATURE

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		1 -	FOR STATE REGISTRAR			DEF		NT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	YGIENE 8 I	0	2 4	7 4
ge 3	1		CEASED NAME FIRS	ī		ward			nson	January 1		YEAR	12:25 a
4 may		3. SEX		4.	RACE Whit	-		5. DATE O		6. AGE (IN YEARS LAST I	-	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
death. Page	2	0	RTHPLACE (STATE OR FOREIGN OUNTRY) ndiana	7b.	CITIZEN OF U.	WHAT COUR		MARRIEI WIDOWE	DI NEVER MARRIED DIVORCED	9. BALTIMORE CITY Montgome	OR COUNTY O		MD
by the filled with	6	10. CITY OR TOWN OF DEATH Bethesda		11	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IE NOT INSUCH FACILITY, GIVE STREET ADDRESS) (NIH)			12a USUAL OCCUPA (TYPE OF WORK FOR MOS) City Emp	OF WORKING LIFE)	INDUSTRY	r, Mo.		
filled in hould be	1	Mi:		COUNTY COUNTY		136 CITY OF	R TOWN	DMISSION)	13d. Inside City Limits? Yes KX NO []	General	Deliver	y 639	153
completely filled in 1 and 2 should be ol examiner must be	7/			Jnkn	own	LAS			15. MOTHER'S MAIDEN N FIRST Ruth	Ann		John	
be execu an and c	3		No	ES, GIVE W	AR OR DATES)	361-6	88-0	320		A. Brummund			
ires that the death certificationed by the attending physis an please remove carbon popburial, cremation, or removo		7	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse los	th le stee stee stee stee stee stee stee s	DUE TO, O (b) DUE TO, O (c) NDITIONS CO	R AS A CON Burki R AS A CON ONTRIBUTIN	SEOUEN SEOUEN	CE OF Lym CE OF	Ohoma	RMINAL DISEASE OR CO	NDITION GIVEN	10 m	onths
N: The law requivision. ysician. cote has been sicote has been sicote has been siconsit permit. The Hygiene prior to Hygiene prior to 18 shows any inji	1	CERTIFICATION	Hypotension 198. Date OF OPERATION	, Re			-		openia Was Performed	20a. AUTOPSY? YES X NO	206. IF YES, V IN CERTIFYIT	NG CAUSES	IGS USED OF DEATH?
HYSICIAN: T ding physici is certificate buriol-tronsi Mentol Hygi or frem 18 sh		MEDICAL CER	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ((IF EITHER NOTIFY MEDICAL EXA 21d INJURY OCCURRED	OF DEATH	21b. TIME O HOUR A. P. 21e PLACE	M. MONTI	H DAY	YEAR 19	21f. LOCATION	JRRED (ENTER NATURE OF IN.			
OR ATTENDING PRESENTED OR other the CTOR: After the cheef for use as the Dept. of Health and them 21 is marked.		ME	WHITE AT WORK 220 I certify that (IX(this sow the deceased almostove, (Mixe) (did)		ottended th		from	Jan.	d that in (XX (our) opinio		14, 19 date and hour o	81 and from the care 22c. DATE	
TO HOSPITAL retained by the TO FUNERAL I should be deto with the Stote I MPORTANT: If	/	12a B	22d PHYSICIAN'S NAME (J	. (180	BA)	² Natronal Ir Clinical Ce	medical phys nstitutes of enter, Bethe	Health	, 202	205
BP		(5	URIAL, CREMATION, REMO PECIFY) Burial		236. DATE Jan. 17	,1981			metery or crematory as, Masonic (Cem. Pocaho		ndo1ph	
DHMH-16 30M 2/80 (VRA 15, 4)	2	4 FU	NERAL DIRECTOR NAME Hines/Ri Funeral	inal Home	di e		RESS 11	1800	N H AVO 250. D	N20 1981	R 256 REGISTRA	R'S SIGNATI	



8	1	FOR - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8	02475
page 3		CEASED NAME PRINT) OR PRINT) FIRST DO N	NA LYNN	JONES	20 DATE OF DEATH	MONTH DAY YEAR 26 HOURS
in i	3. SE	FEMALE	4 RACE WHITE	5 DATE OF BIRTH MONTH DAY YEAR 9 - 8 - 59	6. AGE (IN YEARS LAST BIRTI	HOAY) IF UNDER 1 YEAR IF UNDER 4 HI MONTHS DAYS HOURS MIR
AND	70 B	OUNTRY (NEW JERSE	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Na . J	R COUNTY OF DEATH
by the h	10 C	akoma PK,	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	1	120 USUAL OCCUPATION OF A	ON INDUSTRY DENTA
Alled in und but he fi	USU 130.	AL RESIDENCE (IF HURSING HOMEOR STATE 136 COUN	other institution, give residence before ITY 134 CITY OR TOW	NA L 134 INSIDE CITY LIMITS?	130. STREET ADDRESS 5823	Charrywood ha
counted within completely for and 2 should nedical examples of the counter of the	14. F.	ATHER'S NAME Her bert	MIDDLE Brown	15 MOTHER'S MAIDEN NA FIRST THYRA	ME MIDDLE	POELLOT
e be exec		WAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIVE		Benny Frank	clin Jones	5-5823 Cherrywo
certifica g physici n papers, removal, atic even		PART I. DEATH WAS CAUSE	ly ane cause per line far (a), (b), and D BY E CAUSE (a)		4	APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEAT
squires that the death igned by the attendir n please remove carbo burial, cremation, on injury, or other traun		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c)	inaled luhas NCE OF Censia	Januar Coo	
s been s it. Thei prior to	CERTIFICATION	PART 2 OTHER SIGNIFICANT C		DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
SICIAN ysician. ysician. certificat transit part Hygir Item 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	the same of the sa	214 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	YES NO YINITEM 18, PART 1 OR PART 2)
ENDING PHY or attending ply or attending ply IR. After this eas the burial is at the and Mer is marked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION	CITY OR TOW	N COUNTY STATE
OR ATT		220.1 certify that (1) (this haspit saw the deceased alive an above, (1) (we) (did not 22b. SIGNATURE	al) attended the deceased fram	, and that in (my) (aur) apinion DEGREE	death occurred an the da	te and hour and from the causes stated 22c. DATE SIGNED
HOSPITAL ined by the FUNERAL uld be detac the State [ORTANT:		22d. PHYSICIAN'S NAME (TYPEO) Softa A	M. Uhac Baulah, Md	220 ADDRESS 6215 GI	MEDICAL STAF	IANK 1/6/87 College P
Bb OT P Show Mith	230 8 B	SURIAL, CREMATION, REMOVAL SPECERY, UPIAL	236. DATE 23c. N	AME OF CEMETERY OR CREMATORY OF Lincoln	23d LOCATION CITY OR TOWN Bladensto	COUNTY STATE
DHMH-16 25M (VRA 15, 4) 1/79	Pu	chard A. Cole neral Home	eman-UpperonMan	lboro. 250. DAT	E REC'D. BY REGISTRAR I	Sh. REGISTRAR'S SIGNATURE

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	1.	FOR STATE REGISTRAR			DEPARTA	MENT OF I	E OF MARYLAND BEALTH AND MENTAL HYD TICATE OF DEATH	GIENE 8	0	2 4	7 6
		CEASED NAME FOR PRINT) Eles	nor		ose		Jones	20. DATE OF DEATH January	MONIH 11, 1	981	2b. HOUR
	3. SE	x ema le		4 RACE White			5. 14 ^{DAY} 1909	6 AGE (IN YEARS LAST BII	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
+1		RTHPLACE (STATE OR FORE	ign 1	USA	WHAT COUNTRY?	MARRIED NEVER MARRIED XX		9 BALTIMORE CITY O			MD.
10	10. CI	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Sylvan Manor Health Care Center Homemaker							12b. KIND C	ome	
35	13a S	AL RESIDENCE (IF NURSING STATE 131 aryland	HOME OR COUNT	TY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Silver	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 2700 Bark	er St		77712
50	14. FA	Claude		catur	Jones		15. MOTHER'S MAIDEN NA	Alice)	LAS	Cox
1		VAS DECEASED EVER IN YES NO OR UNKNOWN) (MED FORCES? WAR OR DATES)	579-18-7		The Rev. Be	addr njamin Lynt			
		18 CAUSE OF DEATH IL PART I. DEATH WAS	CAUSED	y one couse per BY: CAUSE (0)	line for to , (b), one Cardiac		st				MATE INTERVAL ONSET AND DEATH
		Conditions, if ony, w		DUE TO, OF	RAS A CONSEQUE Artero		tric Heart Di	sease		Yrs.	
		couse (o), stoting		DUE TO, OF	RAS A CONSEQUE Diabet		llitis			yr	s.
	TION	Chro	onic	Schize	ophrenia		NOT RELATED TO THE TERM				
9	CERTIFICATION	19a DATE OF OPERATIO				OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERTII	S, WERE FINDIN FYING CAUSES ES []	
4	MEDICAL CE	21a, ACCIDENT WAS UNDERL OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL)	SE OF DEAT	P./	m. month da m.	Y YEAR	21c HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	RY IN ITEM TB	PART I OR PART 2)	
	MED	21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK			EET, FACTORY, OFFICE F	105	21f. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
		22a.1 certify that (1) (the sow the deceased a above, (1) (we) (did)	olive on_	12/20/8	30 19	, 01	nd that in (my) (our) opinion	deoth occurred on the d	ote and had	or and from the	
		220. SIGNATURE	ny	V C	ooke	,	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	22c. DATE	

MPORTANT: If them 21 is marked or them 18 shows ony injury, or other troumatic TO FUNERAL DIRECTOR: After this certificate has been signed by the otten should be detached for use as the burial-transit permit. Then please remove any with the Stote Dept, of Health and Mental Hygiene prior to burial, aremation, O HOSPITAL OR ATTENDING PHYSICIAN: The etoined by the hospital or attending physician. BP.

1/12/81 Cremation 24 FUNERAL DIRECTOR ADDRESS Alex. Va. DHMH - 16 50M 1/81 (VRA 15, 4) Cunningham Funeral Home,

23b DATE

Jeremy V. Choke

23a BURIAL, CREMATION, REMOVAL (SPECIFY)

23c. NAME OF CEMETERY OR CREMATORY Lee Crematory

23d LOCATION
CITYORTOWN
Washington.

10400 Conn Ave., Kensington, Md.

250 DATE REC'D. BY REGISTRAR 25b. REJ

STATE

JAN 21 Inc. Cameron &Alfre

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funitry displays should be detached for use as the burial-transit permit. Then please temove carbon papers. Pages I and 2 should be filed within 72 nour min, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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TO HOSPITAL OR ATTENDING PHYSICIAN retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furring about be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 nountwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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DHMH-16 25M (VRA 15, 4) 1/79

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 0 2 4

	CEASED NAME	FIRST	A	AIDDLE	L.	AST	2a. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
	E OR PRINT)	Mamie		ipp	Jon		1	and 17	1981	8 35
3. SE	X	4	RACE		5. DATE O		& AGE (IN YEARS LAST BIR		ONTHS DAYS	IF UNDER 24 H
F	emale		White		Aug.	31 1886	94	YRS	ANINS DATS	HOURS MI
	IRTHPLACE ISTATE (OR FOREIGN 7	CITIZENOF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
	rvland		U.S.A.		WIDOWE		Montgomer	y Coun	ty	
10 C	ockville	DEATH 1	1. NAME OF H	OSPITAL, NURSING HEACHLITY, GIVE STREET A	IG HOME O	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Housewife	ION	126. KIND O	F BUSINESS
USU			THER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)		1			
Ma	ryland	Mont	gomery	Rockvill		134. INSIDE CITY LIMITS?	263 Congre	essiona	1 Lane	Apt.3
14. F/	John	M	IDDLE	Tripp		IS MOTHER'S MAIDEN NA FIRST Elizabeth	MIDDLE		Pete	
	WAS DECEASED EV			166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDR	Ess VanB	uman S	troot
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TIFICATION	gove rise to couse (a), sto underlying ca	immediate oting the juse lost	DUE TO, OF	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	100 AUTOPSY?	206. IF YES,	WERE FINDING CAUSES	NGS USED
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STATE OF MARYLAND

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/		n	TALE	INDI	A	MONT	JAN 26 190	3	77	YRS.	days	HOURS
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0	10 CIT	Y OR TOWN OF	DEATH	11. NAME OF	HOSPITAL NURS		OR OTHER INSTITUTIO		DNTGDM SUAL OCCUPATION			F BUSINESS
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Jec		AS DECEASED E			166 SOCIAL SEC	CURITY NO.	17 INFORMANT	<u>u</u> .	ADDRESS		(
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Ē.		PART 2 OTHER S	SIGNIFICANT	ONDITIONS	ONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE	E TERMINAL D	SEASE OR CONDITK	ON GIVEN I	PART 10	11
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Sws	CERTIFICATION	190 DATE OF OPI	ERATION	1% COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	700	AUTOPSY? 20	CERTIFYING	RE FINDIN	OF DEATH
de la	=			100				YES		YES [CAUSES	NO [
7	8	ZIO ACCIDENT WAS	UNDERLYING				21c HOW INJURY O	CCURRED (EN	ITER NATURE OF INJURY IN	TEM 18, PART I	OR PART 2)	
D 2		OR CONTRIBUTING		10	M. MONTH							
ō	Y .	21d. INJURY OCC		_	.M. OF INJURY	19	211 LOCATION			-		
rkec			OT WHILE		REET, FACTORY, OFFICE	E, FARM, ETC)	STREET		CITY OR TOWN	c	OUNTY	STATI
E S		AT WORK	T WORK				1/2-	011	1/1000)		
2	5	220 I certify tha	t (I) (this hospit	al) attended	e decegredate of		1/1/2 196	10	1000	. 19_		that (1) (we
2		sow the dee	eased alive on	>//	19.		nd that in (my) (our) a	pinian death o	ccurred on the date o	ind hour and	from the	auses state
Iter	H	226. SIGNATURE	e) (dia) (dia) not	Miew the body	giter death.	11-	DEGREE				22 DATE	RIGNED
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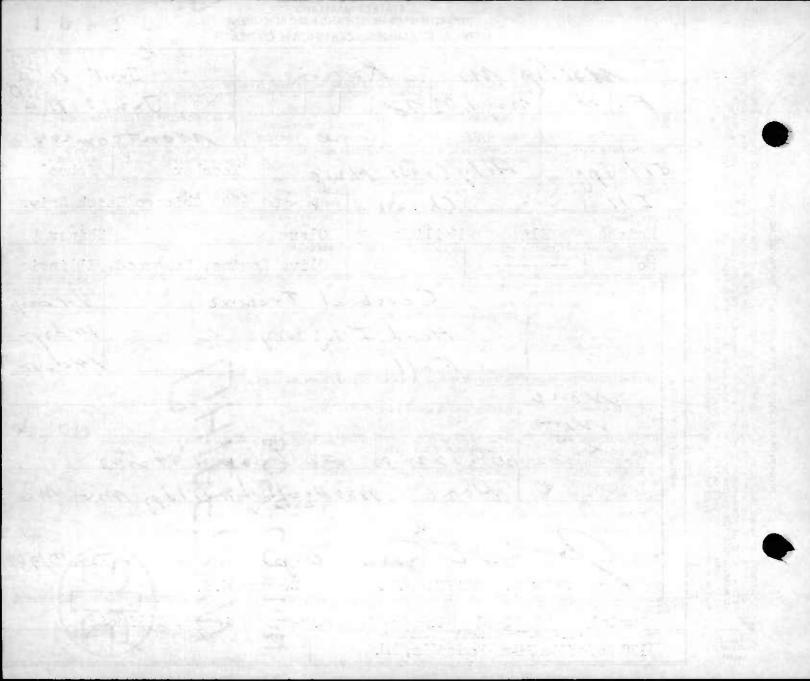
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STATE OF MARYLAND

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STATE OF MARYLAND



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	TO HOSPITAL SA ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction because detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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00	TO HOSPITAL S. ATTENDING PHYSICIAN retained by the hospital or attending physician.	U
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL H

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1.	STATE REGISTRAR			DEPART		ICATE OF DE	ATH		G. NO.	0 %	44	0 2	-
	CEASED NAME OR PRINTI	eng) mn)	K	arabe	ll	2e DATE OF DEA	H MONTH	16.81	20.1	HOUR 41 A	M
3 SE	MALE	0		CASIAN	5 DATE C	DAY	1910	6 AGE (IN YEARS LA	ST BIRTHOAY)		YEAR IF UT	NDER 24 HRS	
PH	IRTHPLACE (STATE OR FO	IA	U.S.		WIDOWE		ORCED	BALTIMORE CI	TY OR COU	NTY OF DEAT	H 		AD.
Т	AKOMA PK		WASH.	HOSPITAL, NURSIN H FACILITY, GIVE STREET ADVEN	TIST	HOSP.	NOITU	120 USUAL OCCU (TYPE OF WORK FOR M GROCER				OD.	R
130 3	AL RESIDENCE (# NURS	136 COUN	OTHER INSTITUTION. ITY ONT.	13c. CITY OR TOW			40 LV	13. STREET ADDR	iss 1st A	VE.			
	JACOB		AIDDLE	KARABI		II)A	MIDE		GOLD	BLAT	,	
	vas deceased ever yes, no or unknown) NO		WAR OR DATES)	160-03		MR. M	AURIC		SILV	ER SP	TICE RING PROXIMATE VEEN ONSET	MD.	
	Conditions, if ony, gove rise to imm cause (a), statin underlying cause	, which mediate ig the lost.	(b) DUE TO, OF	R AS A CONSEOU	ENCE OF	NOT RELATED T	O THE TERMI) NAL DISEASE OR (CONDITION	GIVEN IN PAR	RT I(a)		=
AL CERTIFICATION	190 DATE OF OPERAL 190 DATE OF OPERAL 210, ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CO	DERLYING CAUSE OF DEA	B 71 21b. TIME O HOUR A	TION FOR WHICH	AY YEAR	Mans	Lando	200 AUTOPSYS YES NO	Z IN CE	YES, WERE FILE RTIFYING CAL YES 18, PART 1 OR PAR	JSES OF D		
MEDICAL	21d. INJURY OCCURE	RED	21e PLACE C			211 LOCATION STREET		CITY C	RYOWN	COUNTY		STATE	<u>-</u>
	22a.t certify that (I) sow the decease above. (I) (we) (c 22b. SIGNATURE	ed olive on.	1/1:	198	, an	DEGREE	TENDING	eoth occurred on t	STAFF				st
22.0	22d. PHYSICIAN'S NA	N)2	ETS	WVX	×0.	22e ADDRESS	Spri	457.5	I In	52	, , ,	mo	1.
230. (BURIAL BURIAL	REMOVAL	1-18-	-81 Z3c.	KING	DAVID.	EMATORY	23d LOCATION CITY OR TOWN	LLS C	HURCH	VA.	STATE	

DHMH-16 25M (VRA 15, 4) 1/79

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the mi

BURIAL CREMATIO 24 FUNERAL DIRECTOR
NAME
PANZAIYSKY-GO(PBER6

ADDRESS 1170 Ro

CHURCH VA. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

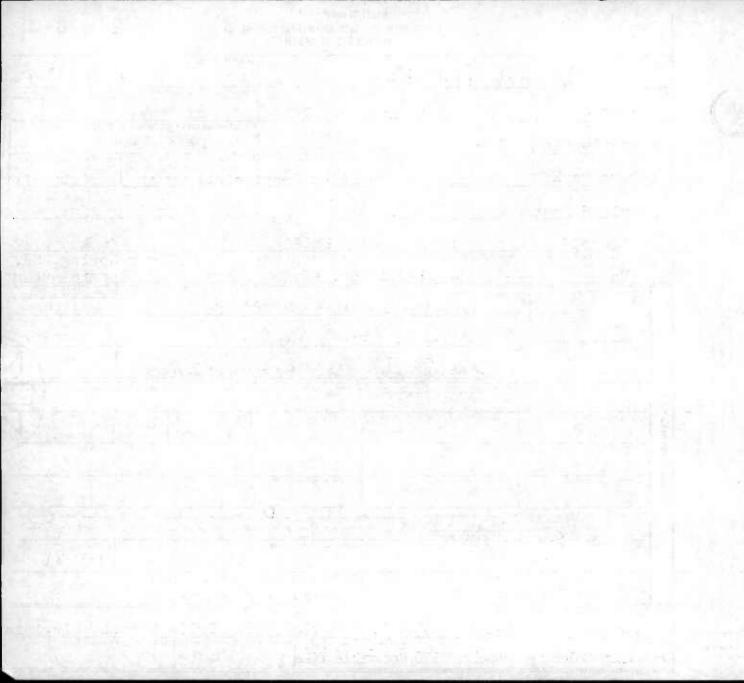
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death retained by the haspital or attending physicion.

1	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 1 0	2 4 8 3
	DECEASED NAME FIRST HOPE OR PRINT)	nah A. K	Last	1 3	1 81 905 P
3.	Female	White	S. DATE OF BIRTH AUG. 17. 1898	6. AGE (IN YEARS LAST BIRTHDAY) 82 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
14	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
10.	CITY OR TOWN OF DEATH Takoma Park	11. NAME OF HOSPITAL, NURSIN		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OF
2 (13	SUAL RESIDENCE (IF NURSING HOME OF A. STATE 136 COUR	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW	'N 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	Variety St
	Maryland Mont	gomery Sil Sp	15. MOTHER'S MAIDEN N	9925 Georgia	(unknown)
160	. WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		ADSTIVER J. Kav: 9925 G	Spring, Md
Aluty, or omer noomain, evening	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E	ence of shain syntance of alized Ac	Acule Lighte Leves Luguis MINAL DISEASE OR CONDITION GIV	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 6 WEEKS LONG- STANDIA (VEN IN PART 1(0)
Not A Diagram	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
Achical Cal	000000000000000000000000000000000000000	P.M. 21e. PLACE OF INJURY	19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18, I	COUNTY STATE
21 is marked	220.1 certify that (1) (this hasp	(AT HOME, STREET, FACTORY, OFFICE, F	12-19 19 81		19, that (I (we))
Z_ # #e	27b. SIGNATURE	u, MD		MEDICAL STAFF MIRECTOR PHYSICIAN SEX CHING DR.	1-31-81
d .	Destroy Control of the Control of th				
IMPORTANT	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	123b. DATE 123c. N	NAME OF CEMETERY OR CREMATORY	SEING, MD.	

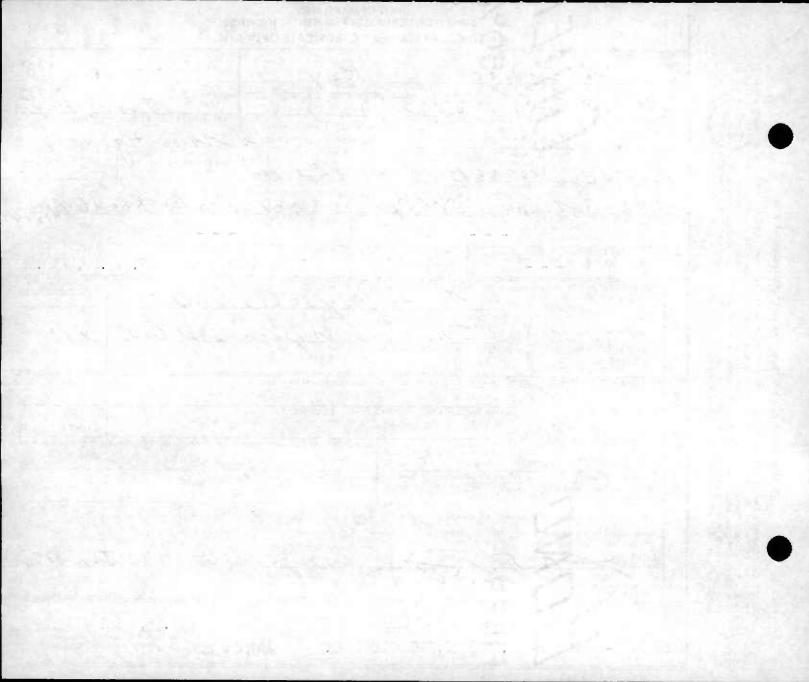
DHMH-16 30M 2/80 (VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REG. NO REGISTRAR . DECEASED NAME 20. DATE KNOWN OF ESTI-DEATH MATED (TYPE OR PRINT) 4 RACE AGE (IN YEARS IF UNDER 24 HRS DATE PRONOUNCED 2 5 YRS DEAD NEVER MARRIED RUSSIA USA II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FATHER'S NAME FIRST 7. INFORMANT ADDRESS 6h SOCIAL SECURITY NO 60. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) HAROLD GREENBERG, 4200 MASS. AVE. NW, WASH. DC (unknown) APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? NO DE YES TO BURIAL 210 EXTERNAL CAUSE WAS TIME OF INJURY 21c, HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH PRIOR 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COLINE STATE WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy and in my apinian death resulted fram: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) CXECUTE THE CI PAGE 4 SHOUL OF FUNERAL DI AFTER DEATH, V BALTIMORE, MA ACTUAL EXAMINER'S NAME (TYPE OR PRINT) 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, REMOVAL 23b. DATE BURIAL 1/22/81 ADAS ISRAEL CEMETERY ALABAMA AVE.SE.WASHINGTON.DC JAN 2 3 198 DANZANSKY-GOLDBERG MEM. CHAPELS, ROCKVILLE, MD. **DHMH-17**

(VR A15 ME (5)) 15M 7/76

STATE OF MARYLAND



"5130 Wisc. Ave. N.W. Wash D.C.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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(VRA 15, 4)

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FOR

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REGISTRAR

DECEASED NAME

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(M)	3. SE:	MALENIR	WHITE	5 DATE OF BIR	DAY YEAR	6. AGE (IN YEARS LAST BIR	YRS.	NDER I YEAR IF UNOER 24 H
2 180		COUNTRY)	CITIZEN OF WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY C	COUNTY OF	DEATH DEATH
1/8	S	SHINGTON, D.C. TY OR TOWN OF BEATH 11.	U.S.A. NAME OF HOSPITAL, NURSIN OF HOSPITAL, NURSIN OF HOSPITAL, NURSIN OF HOSPITAL, NURSIN	G HOME OR OT	HER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF FOREMAN	OF WORKING (IFE)	2 12b. KIND OF ILUS ASSINDUSTRY VILWAY EXPRE
Daminer miner	130. 5	AL RESIDENCE (# NURSING HOME OR OTHE STATE 138 COUNTY N/A N/A	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN WASHINGT	ON, D. 134		13e STREET ADDRESS 4819	. 7	A AVENUE, I
Own 1		JOHN J.	KEANE		MARGARET	WIDDLE		O'CONNOR
S medico		VAS DECEASED EVER IN U.S. ARMED VES, NO OR UNKNOWN)			BERNICE G.	KEANE	SAME AS	13 WIFE
inave corbonpoper notion, or removal. traumotic event, th		18 CAUSE OF DEATH (Enter only or PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSED IN Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEQUE	NGE OF HE	arlung at Parlas	4		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA 12 kg
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ows only	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WA	AS PERFORMED	20a AUTOPSY? YES □ NO		ERE FINDINGS USED G CAUSES OF DEATH? NO
frem 18 sh		2)a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.		HOW INJURY OCCURRE	ED (ENTER NATURÉ OF INJU	IRY IN ITEM 18 PART I	OR PART 2)
hand Me	MEDICAL	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F)		LOCATION STREET	CITY OR TO	DWN	COUNTY STATE
of Healt		220.1 certify that (1) (this haspital) of sow the deceased alive an above, (1) (we) (did) (did not) vie	1/20 19	%/, and the	at in (my) (our) apinion d	eath accurred on the d	ote and hour on	, that (I) (we)
State Dept.	1	22b. SIGNATURE	Vien	DEGR M/	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	224. DATE SIGNED
PORTANT		IRNEST S. OSE		22e	10301 GEOR	GIA AVENUE	. SILVE	R SPRING, MD
5 3 ≤	22 - 5	UDIAL CREATERNIA RECORD		00 00		MALLOCATION!		

MIDOLE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

GATE OF HEAVEN

BP DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR FRANCIS J. COLLINS ADDRE

23b. DATE

500 UNIV. BLVD., W., SILVER SPRING, MD. 20901

23s. BURIAL, CREMATION, REMOVAL

BURIAL

(SPECIFY)

231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION SILVER SPRING MONT MD.

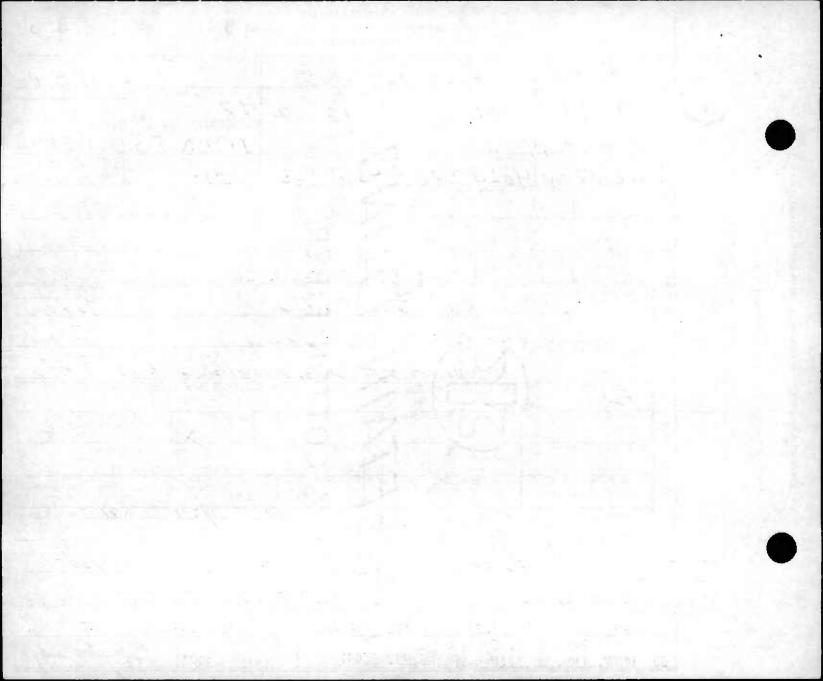
REGISTRAR 25b. REGISTRAR'S SIGNATURE

REG. NO

MONTH

2b. HOUR

20 DATE OF DEATH



puo

physician

the attending

Then pleas prior ta

the burial-transit per and Mental Hygiene

morked or Item 18

MPORTANT: If Item 21 is

shauld be detached with the State Dept.

MEDICAL

TO FUNERAL DIRECTOR: After this certificate has been

STATE OF MARYLAND

- STATE REGISTRAR	,	CERTIFICATE OF DEATH	REG. NO	0.	0 /
1. DECEASED NAME FIRST	WIDDLE	LAST	2a DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
HELEN	CANNON	KENNER	TOTANTAGE	1	7300 B
3. SEX	4. RACE	5. DATE OF 8IRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR	IF UNDER 24 HRS
FEMALE	EMALE CAUCASION		68	YRS.	HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) SOUTH CAROLINA	76. CITIZEN OF WHAT COUNTRY	MARRIED X NEVER MARRIED	9 BALTIMORE CITY O		
10 CITY OR TOWN OF DEATH		WIDOWED DIVORCED DIVORCED DIVORCED	Montgome:		MD.
BETHESDA	NMMC BETHES DA -	MD.	(TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY	B BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME 13a. STATE N. CAROLINA		WN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 407 CHARL	OTTE ST.	
14. FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME		
FELIX	CANNON	ELEANOR		LUCAS LAS	
160 WAS DECEASED EVER IN U.S. (YFS NO OR UNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES) 166 SOCIAL SEC 225-34-	URITY NO. 17. INFORMANT WM. WM. W	V. Kenner ^{ADDRE} TTE ST. HAML	ss ET¬N• CAROLI	INA
PART I. DEATH WAS CAU	only one couse per line for (o), (b), o ISED BY: METASTAT	IC SQUAMOUS CELL C	.A.	APPRÓX BETWEEN O	IMATE INTERVAL ONSET AND DEATH
1991	DUE TO, OR AS A CONSEQU	JENCE OF			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)	JENCE OF			
onderlying coose lost.	(c)			Till But a Tract	
	T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONI	OITION GIVEN IN PART 16	יכ
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	
21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	

NO NOF YES [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M

211. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a.1 certify that (I) (this haspital) attended the deceased from

81 sow the deceased alive on 10 January 's above, (1) (we) (did) (did not) view the body after death and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED

22e ADDRESS

NNMC Bethesda,

MEDICAL

ATTENDING PHYSICIAN

Meyer 23b. DATE 1/14/81 231. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23d. LOCATION

(SPECIFY Burial Trinity Episc. Ch. Cem. 24 FUNERAL DIRECTOR JOSEPH GAWLER'S SONS, Inc.

EdistoIsland, S. C. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR

STAFF DIRECTOR PHYSICIAN

5130 Wisc. Ave. N.W. Wash., D.C. 20016

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

Donald by hear

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nuried Linkler's one, inc. JAN 16 1981 Long words of the state of the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours aftergated Page

attending physician

retained by the haspital or

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

FOR	
STATE	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

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D	REGISTRAR			CERTIF		RE	G. NO.		
	ECEASED NAME FIRE PEOPLE PRINT)	EN	MIDDLE	K	ESSLER	20. DATE OF DEA	JAN 25	YEAR 81	26. HOUR
3. SE	Male	4 RACE Whit	e	5. DATE O MONTH	PE BIRTH YEAR	6. AGE (IN YEARS LA		NTHS DAYS	HOURS M
Po	SIRTHPLACE (STATE OR FOREIGH COUNTRY) Oland	u. s		WIDOWE		MONT	GOMER	RY	
R	OCK VILLE	HEBRED	HOME OF	GREATE	ROTHER INSTITUTION ER WASHINGTON	120. USUAL OCCU (TYPE OF WORK FOR M METCHAN		Photo	Suppl
Mar.		one or other institution county	ROCKVILLE		13d. INSIDE CITY LIMITS? YES NO _		trose Roa	d	
14. FA	Samürde Samürde	MIDDLE	Kessle	r	15. MOTHER'S MAIDEN NA! Sylvia	MID		Gree	
160 \	WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) (IF Y	.S. ARMED FORCES? ES, GIVE WAR OR DATES)	577-09-74		17 INFORMANT Herbert Goodn	nan Silv	Mettingt er Spring	on Te , Mari	rrace yland
NO	Conditions, if ony, whi gove rise to immedia couse (a), stating funderlying couse to PART 2. OTHER SIGNIFIC	the DUE TO,	OR AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION GIVEN	IN PART 16	0)
			DITION SOOTHINGS	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V		VGS LISED
TIFICATI	190 DATE OF OPERATION	19b. CON	DITION FOR WHICH			YES NO	IN CERTIFY IN		
AEDICAL CERTIFICATION	21a, ACCIDENT WAS UNDERLYII OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA 21d INJURY OCCURRED	NG 21b. TIME OF DEATH HOUR MINER) 21e PLAC	OF INJURY A,M. MONTH DA P,M. E OF INJURY STREET, FACTORY, OFFICE, FAC	YEAR	21c. HOW INJURY OCCURS 21f LOCATION STREET	RED (ENTER NATURE OF	YES [OF DEATH?
MEDICAL CERTIFICATI	210, ACCIDENT WAS UNDERLYII OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	NG 21b. TIME OF DEATH HOUR WINER) 21e PLAC (AT MOME.) hospitol-patended ive on	OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, F,	AY YEAR 19 ARM, ETC.)	21c. HOW INJURY OCCURR	CITY C	YES TENJURY IN ITEM 18, PART	1 OR PART 2)	STATE that (I) (we) couses state
MEDICAL	21a. ACCIDENT WAS UNDERLYII OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (I) (this sow the deceased oli above, (I) (we) (did) (NG 21b. TIME OF DEATH HOUR MINER) 21e PLAC (AT HOME. A HOME. A HOME. (TYPE OR PRINT) (TYPE OR PRINT)	OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, F, the deceased from ly ofter death.	AY YEAR 19 ARM, ETC.)	21c. HOW INJURY OCCURR 21f LOCATION STREET , 19 d thot/in (my) (our) opinion of the company o	RED (ENTER NATURE OF	YES [FINJURY IN ITEM 18, PART OR TOWN TOWN 19 He dote and hour a STAFF HYSICIAN REAL PART TOWN TOW	1 OR PART 2) COUNTY And from the	STATE that (I) (we) couses state

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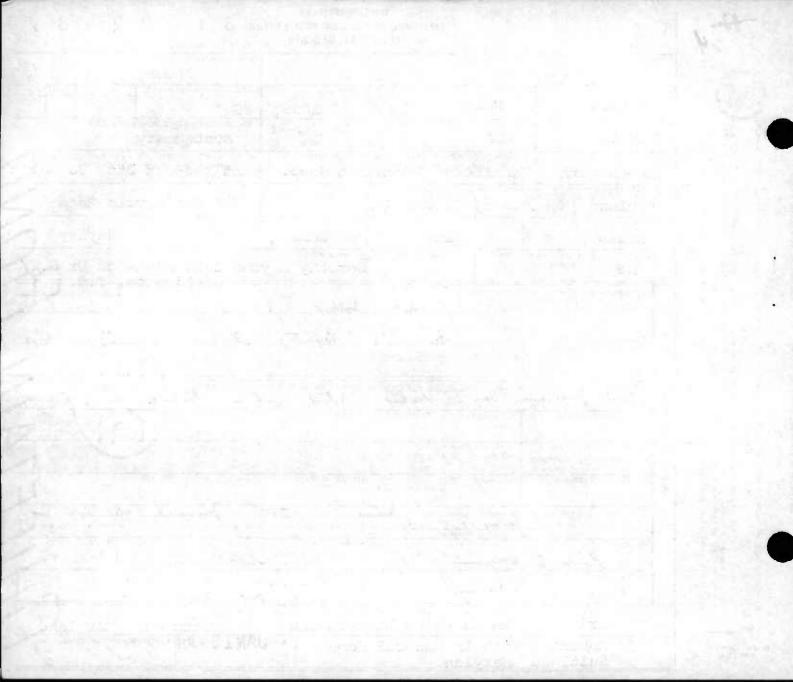
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and Mental Hygie Hem 18 sha

MPORTANT:

DHMH-16 30M 2/B0 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH MONTH 2b. HOUR DECEASED NAME 45 (TYPE OR PRINT) 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS White 11 1895 Female Sept **BALTIMORE CITY OR COUNTY OF DEATH** 70 BIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X Maryland USA Montgomery DIVORCED WIDOWED O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR OFCUSTRYIS Washington Adventist Hosp. Retired Pat Takoma Park USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE Montgomery Silver Sp. 13d. INSIDE CITY LIMITS? 8505 Springvale Road Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Louis King Emma Hurley J 17 INFORMANT ADDRESS 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO (YES, NOR UNKNOWN) (IF YES, GIVE WAR OR DATES) Dorothy Boyden 3317 Highwood Dr S.E/ Washington, 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: MMFDIATE CAUSE to A.CONSEQUENCE OF gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 19n DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211, LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on that in (my) (our) opinion death accorded on the date and hour and from the causes stated above, (1) (we) (did) (did nat), wew the body after death 22b. SIGNATUR DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME 22e. ADDRESS 303A 23¢. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE 23a, BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 16 81 Ft Lincoln Cem Jan Maryland Brentwood REG 3 1 256. REGISTRATIS SIGNATURE 24 FUNERAL DIREROBERT E Wilhelm Euneral Home 25a DALENIA Suitland Maryland



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	oth	
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	TO HOSPITAL OIL ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be	vertained by the haspital or ottending physicion.
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		CEASED NAME FIRST	MIDDLE C) .	LAST	REG. NO. 20. DATE OF DEATH MONTH	1
-	3. SE	oseph r.	DING T	ield	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	4 1981 04 IF UNDER 1 YEAR IF UNDER
(B)	3. JL			MOI	NTH DAY YEAR	04 07	MONTHS DAYS HOURS
an o	7c. B	Make RTHPLACE (STATE OR FOREIGN 7)	b. CITIZEN OF WHAT	COUNTRY? 8.	eb.23,1899	9. BALTIMORE CITY OR COL	RS. I I
707		COUNTRY)	USA	MARR	IED NEVER MARRIED NED DIVORCED	Montgome	1
20		EW YORK	11. NAME OF HOSPIT	AL, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSIN
3/5	的	ckville \$		OVE HOVE	ntist Hospital	Retired	Engineer
pe	UsU.	AL RESIDENCE (IF NURSING HOME OR COTATE 136 COUNT	OTHER INSTITUTION, GIVE RES	IDENCE BEFORE ADMISSION	۷)		
SEL A	130. 3	Maryland Mon		ithersbur	YES TO NO	136. STREET ADDRESS 714 Quince Of	rchard Blvd.
Diud	14. FA	THER'S NAME	NIDDLE		15. MOTHER'S MAIDEN NA	ME	
150		George Kingfi		LAST	Mary	Butler	LAST
licol		VAS DECEASED EVER IN U.S. ARM		OCIAL SECURITY NO		ADDRESS	
medic		Yes WW1		2-03-7003	Joseph P. K	ingfield 483 A	rgyle Rd.Mine
ent, the		18. CAUSE OF DEATH (Enter only	y ane cause per line fa	r (a), (b), and (c).)	,		APPROXIMATE INT
event		PART I. DEATH WAS CAUSED IMMEDIATE		ardio-1	respiratory	arrest	4m
ofic		4100	DUE TO, OR AS A	CONSEQUENCE OF	V . J		
ro dr		Conditions, if any, which gave rise to immediate	(b)	Dronasi	1 orterios	clerosis	104
her t		cause (a), stating the	DUE TO, OR AS A	CONSEQUENCE OF			1-
burial, c		underlying couse last.	(c)	seneral	sed arter	rosclerosi:	5 1541
fo bur	z	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIB	UTING TO DEATH BE	JT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
any in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION F	CCTTO2	ION WAS PERFORMED	20a AUTOPSY? 20b. I	F YES, WERE FINDINGS US
S S	FIC	THE DESCRIPTION	The CONDITION	OK WINCH OF EKAT	IOIN WASTERIORMED	INC	ERTIFYING CAUSES OF DEA
Hygiene 18 shows	ERT	218. ACCIDENT WAS UNDERLYING	21b. TIME OF INJU	RY	21¢ HOW INJURY OCCUR	YES NO RED (ENTER NATURE OF INJURY IN ITE	YES NO
>		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. M	ONTH DAY YEA	R	(Flater laylour of major) have	10 (101 104 101 1)
T 8	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED	P.M.	URY 15	211 LOCATION		
Item 18		WHILE NOT WHILE		TORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY
T 8	X	AT WORK AT WORK		4.4		18. 147	, 19, that (1)
Item 18	WE	226. Legitify that (1) this hospite	al) attended the dece	used from	10 20) 10 Jan 14	
Item 18	WE	220. I certify that (1) this hospite				death occurred an the date and	
Item 18	ME	220.1 certify that this hospite with deceased alive an above 10 km (and all not 7th SIGNATURE				, 10	
Item 18	ME	saw the deceased olive on above (1) (we) (did) did not			ond that in (my) aur) apinion DEGREE ATTENDING	death occurred on the date and	hour and from the causes s 22c. DATE SIGNED
der Dept of Health and Mentol Hy	ME	saw the deceased olive on above (1) (we) (did) did not	you the body after d		ond that in my aur) apinion	death occurred an the dote and	hour and from the causes s 22c. DATE SIGNED
der Dept of Health and Mentol Hy	WE	saw the deceased olive on above (D)(wn) (did) and not. 778. SIGNATURE 11d. PHYSICIAN SAMPLE CO.	rew the body offer d		ond that in my aur) apinion DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL STAFF OIRECTOR PHYSICIAN	22c. DATE SIGNED
Stars Dept. or Health and Mentol Hy		tow the deceased olive on above (II) (we) (did) did not 77h. SIGNATURE	you the body after d	19 <u>81</u>	ond that in my aur) apinion DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF OIRECTOR PHYSICIAN	222. DATE SIGNED 1-14- ersburg Mil

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28	2	STATE REGISTRAR		MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	
		EASED NAME FIRST OR PRINT) Maude		Kennedy	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	HE	emale	CAUCASIAN	5. DATE OF BIRTH MONTH DAY YEAR 1889	6 AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS HOURS MIN.
79	-	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COLI	
70	10. CI		11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREET)	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS O
35	13a. S	LESIDENCE (IF NURSING HOME OF TATE 13b. COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR		13e STREET ADDRESS	in Ave
SC Scanne	W	THERE NAME FIRST	B Silling	15. MOTHER'S MAIDEN NA	KATE	McCoin
medico /		NO. INC.	RMED FORCES? 166 SOCIAL SEC	. M		Lesda Md2001
ent, me		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (o), (b), or		FAILURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
0110		1541 IMMEDIA	DUE TO, OR AS A CONSEQU			
		Conditions, if ony, which gove rise to immediate	((b) PERF	FORATED RECTAL	TUMOR (CARCIN	OMA)
i di	H	couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU	JENCE OF		
nlory, or	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
ws ony in	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	HOPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{VES} \)
2		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH D	PAY YEAR 21c. HOW INJURY OCCUI		
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED		19 211 LOCATION		
5	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE.		CITY OR TOWN	COUNTY STATE
É		220 I certify that (1) (this hasp	poitol) attended the deceosed from	, ond that in (my) (our) opinion	n death occurred on the date and	, 19 (we) lo
4		above, (II (we) (ala) (ala n				
nem z 1		276. SIGNATURE J. R. TWAHEH	· + 111 1 1	Mattending PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12 Jan. 81
To the second se			mounte 40 by A	Matiending Physician 220 ADDRESS	T DIRECTOR PHYSICIAN	
MACON AND IN THEM AND IN THE MACON AND I	73c º	77b. SIGNATURE J.R. TWAHCH 22d. PHYSICIAN'S NAME (TYPE	movaite 45 by A ORPRINT) eThwaite M.	Mattending Physician 120 ADDRESS D. 10401 0131	Seozer Daw Rd	
I I I I I I I I I I I I I I I I I I I	23a. 8	J.R. Thustlett	or PRINT) ETHURAITE M. by A 1 236 DATE 236	MATTENDING PHYSICIAN 270 ADDRESS D. 10401 013 (NAME OF CEMETERY OR CREMATORY)	TO DIRECTOR PHYSICIAN DE PHYSIC	Bethesda M
	B	226. SIGNATURE JR. TWHELL 224. PHYSICIAN'S NAME (TYPE URIAL, CREMATION, REMOVAL SPECIFY) NERAL DIRECTOR NAME	movaite 45 by A ORPRINT) eThwaite M.	MATTENDING PHYSICIAN 2720 ADDRESS D. 10401 0131 NAME OF CEMETERY OR CREMATORY ON 2 WC 2 Cameton	TO DIRECTOR PHYSICIAN PARTIES PHYSICIAN PARTIES PHYSICIAN PARTIES PHYSICIAN PHYSICIAN PARTIES PHYSICIAN PH	Bethesch M Leadedhle Al

STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	2 4	9 2	
1 DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST	20. DATE OF BEATT		2b HOUR	
THEL	MA N.	KNIGHT	JANUARY 24, 19	981	6:17ar	
3 SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
Female	white	Aug. 27, 1910	70 YRS.	ONTHS DAYS	HOURS MIN	
O BIRTHPLACE ISTATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH		
PIC.	ODA	WIDOWED DIVORCED	Montgomery		M	
Olney	JE NOT IN SUCH EACH ITY GIVE STORET	G HOME OR OTHER INSTITUTION ADDRESS) Eneral Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) H. Wife		F BUSINESS OR	
USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	E ADMISSION)	L			

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USUAL RESIDENCE (IFN 130. STAJE Md. •	URSING HOME OR OTHER INSTITUTION	13c. CITY OF	E BEFORE ADMISSION) R TOWN 13d rer Springy	INSIDE CITY LI	MITS?	13e 16f 6PDREPatt	on Hollow	Roa
Amos FIRST	MIDOLE BU	ırriss	15 15	MOTHER'S MAI	Sar	ah MIDDLE]	Burriss 14	LST.
160 WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16h SOCIAL	SECURITY NO. 17	INFORMANT		ADDRESS		

16b SOCIAL SECURITY NO

213-80-0952 no 18 CAUSE OF DEATH (Enter only one couse per line fo PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which to immediate iol, stating underlying

17 INFORMANT

Doloras

Tolley

198 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES	
			YES NO	YES 🗌	NO [
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
214. INJURY OCCURRED	THE PLACE OF INJURY LATHOWS, WHEEL PACTORY, OFFICE FARM, ETC.)	ZII LOCATION	citypetow	M COUNTS	STATE

AT WORK AT WORK the deceased from DEGREE

ATTENDING MEDICAL PHYSICIAN DIRECTOR 77s ADDRESS

EWISMO Colesville

230. BURIAL, CREMATION, REMOVAL BURIAL Jan. 27, 1981

Month Md. REGISTRAR'S SIGNATURE

Same as # 13

24 FUNERAL DIRECTOR Francis H. Barber

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

(YES, NO OR UNKNOWN)

MEDICAL CERTIFICATION

Laytonsville, Md. 20760

DHMH - 16 50M 1/76 (VR A 15 (4))

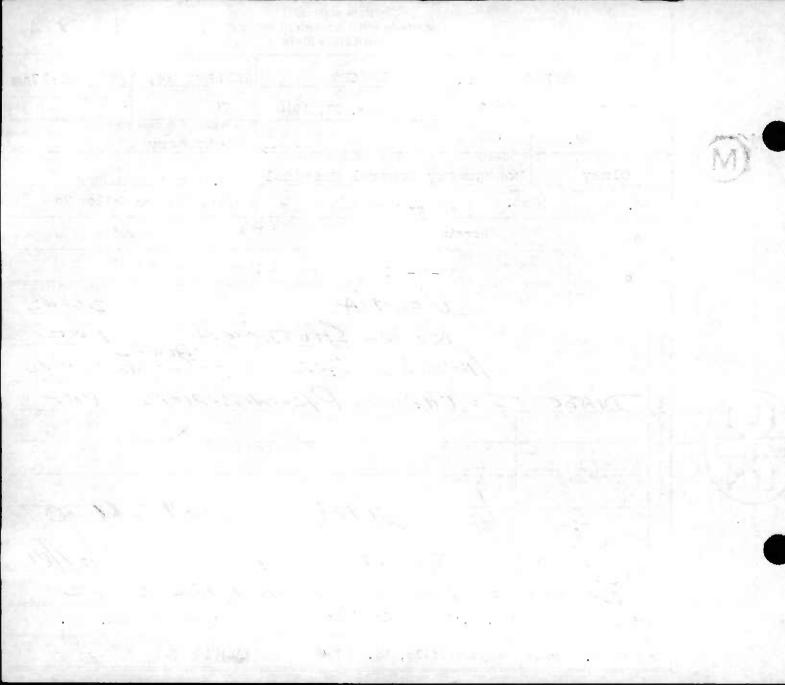
os the buriol-transit permit.

ond Mentol Hygi

should be detoched for use as with the State Dept. of Health

ATTENDING PHYSICIAN: The

MPORTANT: If Item 21 is marked or Item 18 shows or



FOR

- STATE

REGISTRAR

sow the deceased alive on.

24 FUNERAL DIRECTORNalley's F.H.

22b. SIGNATURE

above, (1) (we) (aid) (did not) view the body ofter death

Inc.

REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) 3 SEX 4. RACE A AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH Female Caucasian 84 6 1896 Mav To BIRTHPLACE I STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Montgomery U.S.A. Wash. DC WIDOWED DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION Washington Adventist Hosp. TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWITE Tak oma Park USUAL RESIDENCE LIENUR 13a. STATE 138 COUNTY Wash.,DC 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 2609-Monroe St., N.E. YES X NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Emma McCov В. John ADDRESS 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) Mrs. Elaine K. Lilly -54-5952 No APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per liberfor (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate couse (a), stoting the ather DUE TO, OR AS underlying couse ol, NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 0 20b. IF YES, WERE FINDINGS USED 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 2fln AUTOPSY? p IN CERTIFYING CAUSES OF DEATH? the buriol-tronsit per ond Mental Hygiene NO sho 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) Hem 18: MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P M 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION morked or CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC | NOT WHILE WHILE AT WORK 220.1 certify that (1) (this hasautal) ottended the deceased from

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

ld be deto the State [MPORTANT. shoul with 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23d, LOCATION Burial 1/10/1981 Mt. Olivet Cem. Wash.

DEGREE

Mt.Rainier,

Md.

22e ADDRESS

and that in (my) (appr) opinion death occurred on the date and hour and from the causes stated

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

ATTENDING

YEAR

IF UNDER 1 YEAR

INDUSTRY

Magfill

YES [

COUNTY

22c. DATE SIGNED

5905-Jamestown

NO [

STATE

2b. HOUR

12b. KIND OF BUSINESS OR

IF UNDER 24 HRS

MD

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DHMH-16 30M 2/80 (VRA 15, 4)

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THE REPORT OF THE PARTY OF THE The state of the s

nest condended to a still a sufficient to be a suff

TOTAL STREET STREET STREET, SANTE EST.

Pages 1 and

1	FOR - STATE REGISTRAR		DEPARTM	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 🐉	0	2 4	9 4
	ECEASED NAME FRST PE OR PRINT) Pet	er	MIDDLE	KOROB	k A	20. DATE OF DEATH Janaury		981	3:34A
3. SI	EX	4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	Cauca	sian	Dec.	4 DAY 1925 FAR	55	YRS.	ONIHS BAYS	HOURS MIN.
	SIRTHPLACE (STATE OR FOREIGN COUNTRY) New York	N 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWED DIVORCED DIVORCED □				9 BALTIMORE CITY O Montgomery	R COUNTY	OF DEATH	MD
	Bethesda	Nation	al Naval	Medic	al Center	120 USUAL OCCUPATION OF THE OF WORK FOR MOST OF THE NEW YORK FOR TH			OF BUSINESS OR
130.	JAL RESIDENCE (IF NURSING HOME STATE 13b CO Virginia	OP OTHER INSTITUTION UNITY	1. GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Alexandr	Ŋ	13d. INSIDE CITY LIMITS?	13° STREET ADDRESS 806 Ramse	y Stre	eet	3
14. F	Job	WIDDLE	orobka		Elizabeth	MIDDLE		unkî	hown
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) Yes	ARMED FORCES? GIVE WAR OR DATES)	110 18 0		Mrs. Delma K	orobka See		13	
	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAUS	only ane cause pe SED BY: ATE CAUSE (a)	r line far (o), (b), one Lung aden	d(c).)	inoma			APPROXI BETWEEN	IMÁTE INTERVAL ONSET AND DEATH
NO	Conditions, if dny, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	DUE TO, C	OR AS A CONSEQUE OR AS A CONSEQUE ONTRIBUTING TO D	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVE	EN IN PART 1(c	01
CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	, WERE FINDIN YING CAUSES	
	270. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	BEATH HOUR A		Y YEAR	21r. HÖW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PA	ART I OR PART 2)	
MEDICAL	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY OFFICE, FA		21f. LOCATION STREET	CITY OR TO		COUNTY	STATE
	220. certify that (1) (this has deceased alize above () we) (did) (did)			1	1. 28 , 19 80 and that in (my) (aur) opinion (, taJanuary death accurred on the do			that (1) (we) lost causes stated
	THE SIGNATURE 2	aloga	UT, MC		M.P - ATTENDING PHYSICIAN	DIRECTOR PHYSIC	F IAN KK	Jan	2,1981

TO FUNERAL DIRECTOR: After BP.

DHMH-16 30M 2/80 (VRA 15, 4)

IMPORTANT: If Hem 21 is morked

should be detoched with the State Dept.

230. BURIAL, CREMATON, REMOVAL 1-5-81

23c NAME OF CEMETERY OR CREMATORY Arlington National

23d LOCATION
CITY OR TOWN
Arlington

National Naval Medical Center, Bethesda, Md.

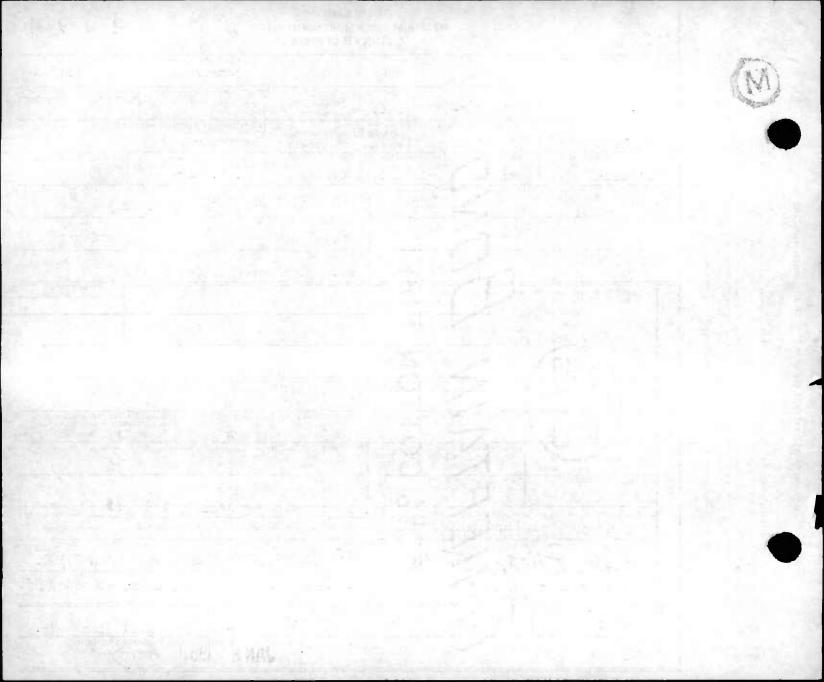
Arlington

STATE Va.

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE.

24. FUNERAL DIRECTOR Everry Wheatley Funeral Homeodress Alexandria, Va.

22d. PHYSICIAN'S NAME (TYPE OR DE L'ALLE DE L'



requires that the death certificate be executed within 24 hours ofter death. Page

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

0	2	4	9	5

1	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1	. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST	20 DATE OF DEATH MONTH DA	20 1100K
Į	Elizab		Kramer	01 11	81 2:30a _M
ı	3. SEX	4 RACE	5 DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS
	<i>female</i>	white	May 30 1930	50 YRS	DATE THOUSE
I	To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8. MARRIED XX NEVER MARRIED	9 BALTIMORE CITY OR COUNTY O	OF DEATH
90	Montana	USA	WIDOWED DIVORCED	Montgomery	MD.
1	I CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	JRSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
l	Olney		General Hospital	(TYPE OF WORK FOR MOST OF WORKING LIFE)	Teacher
	USUAL RESIDENCE (IF NURSING HOME			13e STREET ADDRESS	
I		comeru Rocky		14225 Arctic Aver	1110
t	4. FATHER'S NAME		15 MOTHER'S MAIDEN N	AME	
l	John	Doxto.		WIDDLE	Bondu
1	60 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL	CECURITY 10 12 11 15 CR 14 14 17	ADDRESS	Бонцу
	(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)		sband	2
k				Kramer same as 13	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ı	PART I. DEATH WAS CAUS	1 15 1	or, one ic	. '4	BETWEEN ONSET AND DEATH
ı	IMMEDI.	ATE CAUSE (o)	TEN E ME	305	11110
ı	1147	DUETO, PRAS A CONS	EOUENCE OF		2/80
1	Conditions, if arry, which gove rise to immediate	(p) 12/00	DA CONO	sooma	1100
ł	couse (a), stoting the underlying couse lost.	DUE TO, OR AS A CONS	EOUENCE OF		
ı		(c)			
I		CONDITIONS CONTRIBUTING	S TO DEATH BUT NOT RELATED TO THE TER.	MINAL DISEASE OR CONDITION GIVE	N IN PART 1(o
ł	NO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED	20a AUTOPSY? ZOb. IF YES,	WERE FINDINGS USED
4	E .			IN CERTIFYI	NG CAUSES OF DEATH?
1	71g. ACCIDENT WAS UNDERLYING	716. TIME OF INJURY	21¢ HOW INJURY OCCU	YES NO YES RRED (ENTER NATURE OF INJURY IN ITEM 18, PAR	NO NO
ı	OR COLUMN TO CALLER OF C	EATH HOUR A.M. MONTH		(Eller Mode of	T ORTHOLOGY
l	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211 LOCATION		
ı	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OF		CITY OR TOWN	COUNTY STATE
ı	AT WORK AT WORK				61
١	220. I certify that (I) (this has sow the deceased alive a	pital attended the deceased fr		deoth occurred on the date and hour of	, that (I) we lost
١	obove. (1) (we) did (did r	not) view the body olter deoth.	9	deoth occurred on the date and hour o	
l	220 SHOWATURE Q	200	DEGREE ATTENDING	MEDICAL STAFF	22. DATE SIGNED
4	CM3	Confee	PHYSICIAN	DIRECTOR PHYSICIAN	1111181
I	224 PHISICIAN'S NAME (TYPE	○रे स्वर्गी।	22e. ADDRESS		GLNEY
	SING.	MEMERY	18111 PRIN	CE PHILIP DR	· MD SCESS
ĺ	30 BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	OUNTY STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

TO HOSPITAL

OR ATTENDING PHYSICIAN: The low

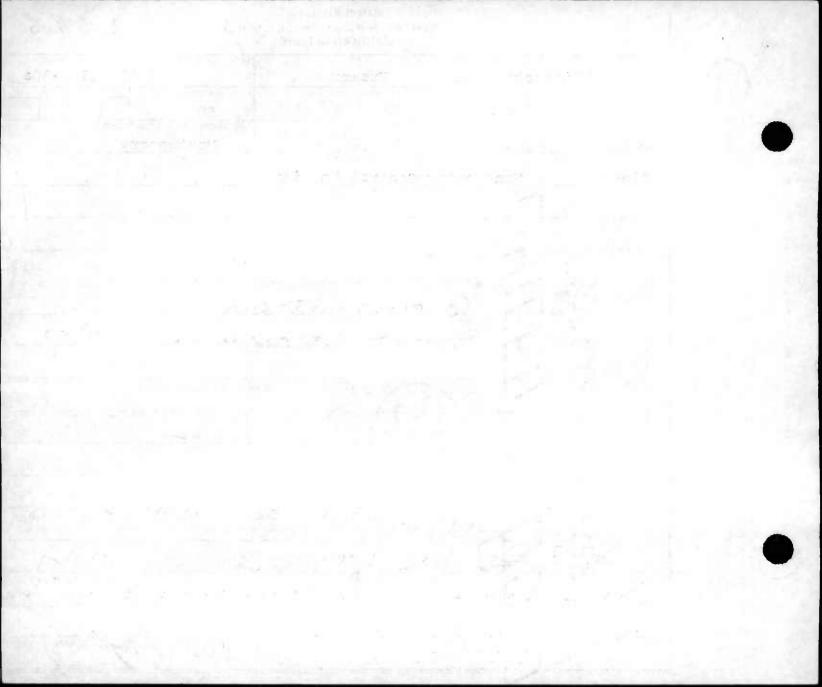
retained by the hospital or attending physician.

Burial Jan. 14, 1981 Norbeck Memorial Park Olney

H. FUNERAL DIRECTOR Francis J. Collinguess

500 University Blvd., W. Silver Spring, Md.

Silver Spring, Md. Burial
24 FUNERAL DIRECTOR



death. Page 4 may be

requires that the death certificate be executed within 24 hours ofter

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbomopers, Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

		FOR - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	2 4 9 6
		ECEASED NAME FIRST EOR PRINT)		KREIDMAN	20. DATE OF DEATH MONTH	21 1987 2 PM
	3. SE	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1	M	lale	CAUCOSIAN	Dec 17 1897	83 YRS.	MONTHS DAYS HOURS MIN.
D-	7a B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH
118	17	OMANIA	U.SA	WIDOWED DIVORCED	MONIGOME	MD.
	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION ADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126 KIND OF BUSINESS OR INDUSTRY
0 10	13.	ethesda	Junus 3hr		Funnien	Fuk
to pe		AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE		13e. STREET ADDRESS	
\$50	1	nd Moi	VTG. Beth.	osdk YES P NO [STAIGROSY	enon ha
mine	14. FA	ATHER'S NAME FIRST	WIDDLE LAST	15. MOTHER'S MAIDEN NA	WE	LAST
150	1	JACOB "	NA KREdmi	an Adele	MIA	Bloom
dico			MED FORCES? 16b SOCIAL SECU E WAR OR DATES)	JRITY NO. 17 INFORMANT	ADDRESS 603	Penth Pl
e a		No No	ne 068-07.	-38257 Jona Wolf	Silven Spa	- 20901
t,		18. CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly ane cause per line far (a), (b), an	od (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eve			E CAUSE (o) Quide	is pulmonary as	rest	1/21/81
notic	150	4380	DUE TO, OR AS A CONSEQUI	ENCE OF		1/2/10
roon	53	Conditions, if ony, which gave rise to immediate	(b) aspire	ited Trummia		12110.
her		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE			
0 0			(0)	vascula alli		gras
ury,	z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM	SINAL DISEASE OR CONDITION GI	VEN IN PART 1(a)
2	CERTIFICATION	19a DATE OF OPERATION	10h CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
0 5	FIC	THE DATE OF GREATHOIN	THE CONDITION TO K WHICH		IN CERTI	FYING CAUSES OF DEATH?
§	ERT	21a. ACCIDENT WAS UNDERLYING	71b. TIME OF INJURY	121c HOW INJURY OCCUR	YES NO Y	ES NO
8 4		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	AY YEAR	- CHARACTER OF MARKET TO THE CONTRACT OF THE C	
- Fe	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e. PLACE OF INJURY	211 LOCATION		
o pe	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE
a or	1.0	AT WORK AT WORK	tal) ottended the deceased from	1978 10	1/21/81	. 19, that (I) (we) last
2.		sow the deceased alive on	1/21/81 19	, , ,	death accurred an the date and ha	, (()
em		above, (I) (we) (did) (did na 22b. SIGNATURE	t) view the body ofter death.	DEGREE		22c. DATE SIGNED
± ±			DON MID	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	1/21/81
Z		224 PHYSICIAN'S NAME (TYPE O	R PRINT)	22e ADDRESS		1 / / -
ORT		050 714	LEKABUL , ML	7425 and	ington Rd, Bitte	ela hid
¥-						

236 NAME OF CEMETERY OR CREMATORY 236 CADAR H. II Chematory 250 CADAR H. II Chematory 250 DATE REC.

C.C.

DORN REGISTRAR 256. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or attending physicion.

DHMH-16 30M 2/80 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

(Secret)

124 FUNERAL DIRECTOR

NAME

W.W. Cham B.

JAH 23 48

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15M 2/80

STATE OF MARYLAND

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njury, ar ather traumatic event, th

TO FUNERAL DIRECTOR. After this certificate has been signed by the atten should be defached far use as the burial-transit permit. Then please remove c with the State Dept. of Health and Mental Hygiene priar to burial, cremation,

ATTENDING PHYSICIAN: The

IMPORTANT: If Item 21 is marked or Item 18 shows any

FOR - STATE REGISTRAR	DEPA	STATE OF MARYLAN RTMENT OF HEALTH AND ME CERTIFICATE OF DE	NTAL HYGIENE 8
DECEASED NIAME 500ST	MIDDLE	LAST	In DAT

0	2	State of the state	9	9

REGISTRAR		CERTIFICATE OF DEA	REG. NO	
DECEASED NAME FIRST	WIDDLE	LAST	2a DATE OF DEATH	MONTH DAY YEAR 26. HOUR
(TYPE OR PRINT) Marie	C. Kwasegroc	h	1	1 20 81 1100
SEX	14 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTI	, , , , , , , , , , , , , , , , , , ,
		MONTH DAY	YEAR	MONTHS DAYS HOURS MIN
female	white		901 80	YRS
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MAR	RIED 9 BALTIMORE CITY O	R COUNTY OF DEATH
Illinois	USA	WIDOWED DIVOR		nerv
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		TION 12a USUAL OCCUPATION	ON 126 KIND OF BUSINESS OF
Rockville	Potomac Vall	ey Nursing Ho	me Thousewife	WORKING LIFE) INDUSTRY nome
SUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)	1	
	ontgomery Fotom	LES NC	12000 Stat	ole House Court
James	McNam	ara Is Mother's Mary	-	Barrett
(YES, NO OR UNKNOWN) (IF YES, G	ARMED FORCES? 161 SOCIAL SECULE WAR OR DATES)	URITY NO. 17 INFORMANT	omas same as 1	
no .	7	,-2,0,0001111	omas samo as 1	
18. CAUSE OF DEATH (Enter	only one couse per la la for 101, 164, o			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS	ATE CAUSE 101	tion		
1774	DUE TO, OR AS A CONSEQU			
Conditions, if any, which	DUE TO, OR ASSIZEONSECTION	DENCE OF		10da,
gove rise to immediate) 10)	1 1/4 /		
couse (0), stating the underlying couse last	DUE TO, OR AS	11. 11.	Tague Lisas.	ene-
DADI O OTHER CICALISTS	(c) //w	T YEAR OF THE	Acres and a second	
	CONDITIONS CONTRIBUTING TO	· I h	0.00	A LONGIVEN IN PART 1(6)
O DATE OF OPERATION	ranign		monk -/ner	Table VEC WEDE EINID IN CO. MOST
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHIC	H OPERATION WAS PERFORME	ED 20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
			YES NO	YES NO
	216. TIME OF INJURY HOUR A.M. MONTH [DAY YEAR 21c. HOW INJUR	Y OCCURRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
(IF EITHER, NOTIFY MEDICAL EXAMINE	LAIN .	19		
(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION STREET	CITY OR TOW	N COUNTY STATE
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.)	A A A A A A A A A A A A A A A A A A A	2 m
	pital) orjended the deceased from	as aux 21	.80 10 Van 6	that (I) (mail ast
sow the deceased alive a	on sand o so	2/	r) opinion death governed on the do	te and hour and from the causes stated
above, 17 jdini i	not rue the body after death	/ DEGRÉE		22c. DATE SIGNED
W.1. 1	1 /1 lefert	ATTE	NDING MEDICAL _ STAF	
napur-	1000		NDING MEDICAL STAF	IAN TAUSI
228 PHYSICIAN'S NAME (TYPE		22e ADDRESS	of Doolers 13 - T	i ka na kataa
Robert	T.Thibadeau	1112	S KOCKATITE P	ike Rockville, Md
30. BURIAL, CREMATION, REMOVA	L 23b. DATE 23c	NAME OF CEMETERY OR CREA	MATORY 23d LOCATION	ETATE . STATE
(SPECIFY) Burial	1-24-81	Assumption Ce	metery "Glehwo	ood, Illinois STATE

DHMH - 16 60M 1/75 (VR A 15 (4)) ^{24 FUNERAL DIRECTY}son Wheeler Funeral Home, Incl 1331 Rockville Pike Rockville, Md. 20852 JAN 2 6 1981

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Maryland | Hortgomery | obust | x | Lable | toll | bankyrak

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	1			STATE OF MARYLAND		
	1	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8	02500
1,200		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
8.0		Daisy	May	LaForce	Jan. 2	5, 1981 7:45
	3. SE	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS
(M)		Female	White	May 3, 1907	73	MONTHS DAYS HOURS MIN.
11 95	7a. 8	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNT	TRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	9. BALTIMORE CITY OF	
To the fu		OCKVILLE	11. NAME OF HOSPITAL, NU.	URSING HOME OR OTHER INSTITUTION TREET ADDRESS! Adventist Hosp.	12a USUAL OCCUPATIO	ON 12b. KIND OF BUSINESS OR
ly filled in should be free myst be	130.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR NOT	ROTHER INSTITUTION, GIVE RESIDENCE PORTY 13c. CITY OR COMPANY GET	BEFORE ADMISSION) TOWN 13d INSIDE CITY LIMITS? MANTOWN YES NO	13e STREET ADDRESS 17316 Dar	nestown-Germanto
5 t ii		ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		Road Road
and but	1	William	H. Ki	ng Margaret	N.	Bowers
Pages 1		WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (1F YES, GI	VE WAR OR DATES)	SECURITY NO. 17. INFORMANT	ADDRES	
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gned by the en please rer burial, crem iry, ar ather	7	gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSI	EQUENCE OF A COLOR OF THE	AINAL DISEASE OR COND	ITION GIVEN IN PART 1(0)
nit.	CERTIFICATION	190 DATE OF OPERATION	19b CONDITION FOR WI	HICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
certificate has laring transit per tental Hygiene plem 18 shows a		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	
ng ph might entol	18	(IF EITHER NOTIFY MEDICAL EXAMINE		19		
After this e as the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.) 21f LOCATION STREET	CITY OR TOW	'N COUNTY STATE
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y the hos RAL DIREC detached fate Dept. VI: If them		27b. SIGNATURE	wall en		MEDICAL STAFF	22c. DATE SIGNED AN 1/26/8/
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5 5 % X	23a	BURIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION	
	1	(SPECIFY)			CITY OR TOWN	COUNTY STATE
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o 214 U9 520% William A. Laforco Item 13

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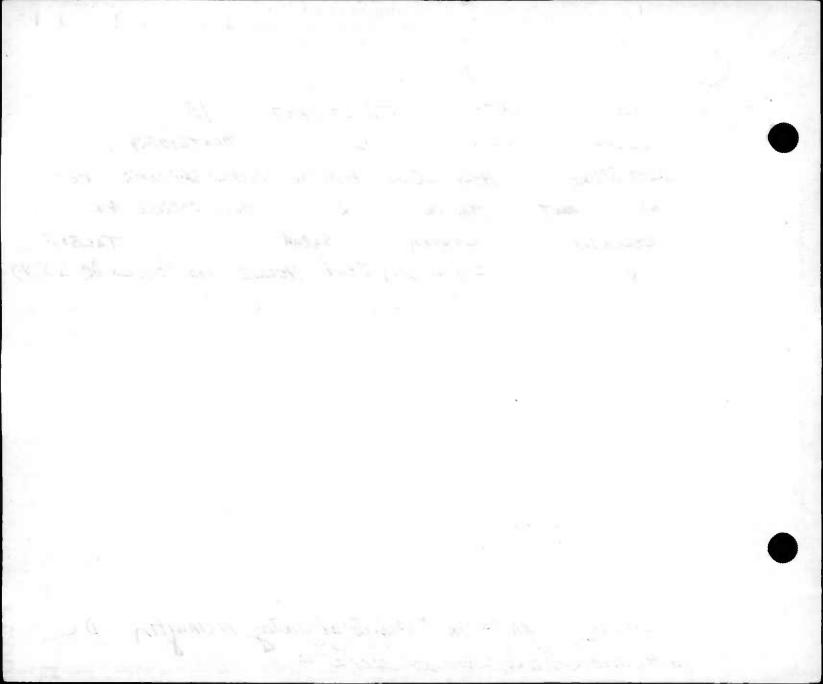
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Lutin den 22,1961 Festingen Hagorrtown Hash. Lift.

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1. DECEASED NAME FIRST MIDDLE LAST AND	
MALE MALE MALE MALE MONTH FEB 27 1887 93 YRS. MONTHS DAY YEAR 93 YRS. MONTHS DAY 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARRIED NEVER MARRIED PRAITIMORE CITY OR COUNTRY OF DEATH COUNTRY) MACYLAND U.S. A WIDOWED DIVORCED MCATGMERY	S HOURS MIN
MARRIED NEVERMARIED MONTGAMBRY WIDOWED DIVORCED MONTGAMBRY	
	MD.
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 128. USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RISIDENCE BEFORE ABORSSON) 129. USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RISIDENCE BEFORE ABORSSON) 120. USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RISIDENCE BEFORE ABORSSON) 120. USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RISIDENCE BEFORE ABORSSON) 120. USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RISIDENCE BEFORE ABORSSON) 121. USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RISIDENCE BEFORE ABORSSON) 122. USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RISIDENCE BEFORE ABORSSON) 123. USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RISIDENCE BEFORE ABORSSON) 124. USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RISIDENCE BEFORE ABORSSON) 125. USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RISIDENCE BEFORE ABORSSON) 126. USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RISIDENCE BEFORE ABORSSON) 127. USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RISIDENCE BEFORE ABORSSON) 128. USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RISIDENCE BEFORE ABORSSON) 129. USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RISIDENCE BEFORE ABORSSON) 120. USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RISIDENCE BEFORE ABORSSON) 129. USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RISIDENCE BEFORE ABORSSON)	OF BUSINESS OR
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14 FATHER'S NAME FIRST MIDDLE LAST MIDDLE LAST MIDDLE	LBOT.
(YES, NO OR LINENOWN) (IF YES, GIVE WAR OR DATES) 577-14-9322 JEAN / LULYS -1891 PRISCOLLA L	De 55.M
PPR	OXIMATE INTERVAL IN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause io), storing the underlying cause last PART 2 OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	DAys
Conditions, if ony, which gave rise to immediate cause 101, stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS ONTRIBUTING TO FEATH BUT MOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	
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sow the Deceased give on 19 ond the fill (my) our) opinion death occurred an the date and hour and from the date of the date o	e causes stoted
DEGREE ATTENDING MEDICAL STAFF	TE SIGNED
Devalue of the physician Devalue of the physic	1.2095
136 BURIAL, CREMATION, REMOVAL 136 DATE 136, NAME OF CEMETERY OR CREMATORY 1234 LOCATION COUNTY SPECETY SURVEY NORTH SPECETY OF CHILD COUNTY OF CO	D C STATE
OHMH-16 20M (VRA 15, 4) 7/78 OHMH-16 20M (VRA 15, 4) 7/78 OHMH-16 20M (VRA 15, 4) 7/78	ATURE



STATE OF MARYLAND

13-1-1 pnej tant origine | 5 20 min HOLESONSTY Mashington Advancist hosp.

6	1-	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 1 0	2 5 0 3
page 3	(TYPE	CEASED NAME AGNE	MDDLE B	Ledford	1-12	DAY YEAR 28 HOUR 9 4 MM M HUNDER 1 YEAR IN UNDER 24 MMS
ector, F	3. SE)	Female	Caucasian	S DATE OF BIRTH MONTH DAY YEAR Oct. 9. 1943	6. AGE (IN YEARS LAST BIRTHDAY) 37 YRS.	MONTHS DAYS HOURS MIN
	CC	RTHPLACE (STATE OR FOREIGN DUNTRY) ALULAND	16 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Mantagmetu	OF DEATH MD.
st be n		lver Spring	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION ADDRESS)	120. USUALOCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12h, KIND OF BUSINESS OR
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nd 2 should	14. FA	THER'S NAME	MIDDLE LAST BLANCK	15. MOTHER'S MAIDEN NA	AME MIDDLE	Mc Cann
Pages 1 and 2, the medical	16a W	AS DECEASED EVER IN U.S. AR		RITY NO 17 INFORMANT HUS be	11 1	MCCANN
ysicia pers. oval. even		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line (a) (b), and D BY:		a <u>ford same as</u>	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 WREKS
carbon carbon on, or r trauma		1560 Conditions, if ony, which	DUE TO, OR AS A CONSEQUE			3 00 (em-
o c		gave rise to immediate couse (a), stating the underlying couse last	18)	el Bladder Cana	er	7 months
to bur y injur	NO	PART 2 OTHER SIGNIFICANT C		DEATH BUT NOT RELATED TO THE TERM		
shows	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH Beliety, underal	OPERATION WAS PERFORMED + intestinal destruction	IN CERTIF	YING CAUSES OF DEATH?
burial-transit pd Mental Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		YEAR 19	RED (ENTER NATURE OF IN)URY IN ITEM 18, P.	ART 1 OR PART 2)
ark	MEDICAL	21d. INJURY OCCURRED WHILE ONT WHILE OF AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f. LOCATION	CITY OR TOWN	COUNTY STATE
use ar f Heal 21 is		22a I certify that (1) (this haspit saw the deceased alive on abave, (1) (we) (did) (aid no	tol) offended the deceased fram	, and that in (my) (our) apinian	deoth occurred on the date and have	19, that (i) (we) lost r and from the causes stated
MAL DIMECTO detached for use tate Dept. of He NNT: If Item 21		226 SIGNATURE She	Liter mD	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 1// 2/8/
should be detack with the State D IMPORTANT: I		PETER B. SHE	RER MD	1109 Spring S		9, md 20910
she with	23a. B	URIAL, CREMATION, REMOVAL BUTIAL		TAME OF CEMETERY OR CREMATORY	23d LOCATION WASh	COUNTY D. C. PARTE
IH-16 25M 15, 4) 1/79		NERAL DIRECTOR Franc	is J. Collinguess	25e. DA	Mashington THATAP. IT AGINGS PSB. REGIT	RAR SINATURE

house of that ign a - 2000

MORE, MARYLAND 21201	esecuted within 24 hours ofter death. Page 4 mo	and completely filled in by the funeral directors of and 2 should be filed within 72 hours of the decol storming from the notified of onds.	10. CITY 10. CITY 10. CITY 11. FATH 160 WA (YES
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	PITAL OR ATTENDING PHYSICIAN; The low requires that the death certificals by secured within 24 havis after death. Page 4 may by the haspital or attending physicion.	IERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lined in by the funntal directal be detached for use as the busiol-transit permit. Then please remove corbon appears from 1 and 2 should be filled within 72 hours and State Dept. of Health and Mental Hygiene prior to buriol, cremation, or transpell. ANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examine must be notified at another.	MEDICAL CERTIFICATION

DHMH-16 30M 2/B0 (VRA 15, 4)

Joseph Gawler's Sons

1	FOR - STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0	2 5	0 4
H (TY	ECEASED NAME PE OR PRINT)	ORIS	M. M.	LE	FEVRE	1-14-	81	AY YEAR	26. HOUR 45-
. 3. S	Female	4. RACE	ite	S. DATE C		6. AGE (IN YEARS LAST BIR		ONTHS DAYS	HOURS MIN.
	BIRTHPLACE (STATE ORI COUNTRY) Ohio CITY OR TOWN OF DEA	U.	OF WHAT COUNTRY S . A . OF HOSPITAL, NURSI	MARRIE WIDOWE	D NEVER MARRIED DIOROTHER INSTITUTION	OF DEATH 12b. KIND OF BUSINESS OR			
130	DETTIES UAL RESIDENCE (IF NURS STATE Md.	ing home or other institution to the country Montgomery	13c CITY OR TO	WN	13d INSIDE CITY LIMITS? YES X NO	Homemaker 13. STREET ADDRESS 3716 Manor	_	Own 1	nome
14.1	FATHER'S NAME FIRST Edwin	MIDDLE	LAST Meye	ers	15. MOTHER'S MAIDEN NA/ FIRST Edith	ME MIDDLE G.		LAS As	shley
160	WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE			17. INFORMANT Carolyn Alexa	7815 ander Beth	Aberd	een Ro	ad 20015
CERTIFICATION	Canditions, if ony, gave rise to imr couse (o), staffr underlying cause PART 2. OTHER SIGN	which mediate mediate mediate mediate mediate. DUE TO: last. (c)	· · · · · · · · · · · · · · · · · · ·	JENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF YES,	N IN PART 10 WERE FINDIN	NGS USED
MEDICAL CERTII	210. ACCIDENT WAS UNION OR CONTRIBUTING 10 (IF EITHER NOTIFY MEDI	CAUSE OF DEATH CALEXAMINER) RED 21e. PLA (AT HOM	A.M. MONTH [P.M. CE OF INJURY E, STREET, FACTORY, OFFICE	19	21c. HOW INJURY OCCURR	YES NO BED (ENTER NATURE OF INJU			NO
	220 I certify that (1)	(this haspital) attended attended alive an did did not) view the backet attended to the control of the control	ody after death. 19	8-1,01	DEGREE ATTENDING PHYSICIAN 220 ADDRESS 8805 Conn. A	MEDICAL STA	ete and hour	ond from the	
L	BURIAL, CREMATION, (SPECIF Cremation) FUNERAL DIRECTOR	removal 23b. Date 1/15	5/81 C	edar H	EMETERY OR CREMATORY ill Crematory in Ave. Note DATE	23d. LOCATION CITY OF JOYAN SUITTA		COUNTY AP'S SIGNAT	Md.

5130 Wisconsin Ave, No. Date Rec'd. By REGISTRAR 256. REGISTRAR'S SIGNATURE Wash., D. C. 20016 JAN 2 0 1981

oris 1. efeure ES TABLE OF THE NAME OF ородителя под принципальной пр head found of the same with the transfer of topefrina .: maket concern .F maket Act may not 21. IN Mr. no worm at amount in the last the country of the count Tuffer the transfer of the control o Jacob Covier - Sera Salar D. C. 2006 JAN AND ST. 2016 signed by the ottending physicion and campletely filled in by the hen please remove carbonpopers. Pages I and 2 should be filled wi

	1.	FOR STATE	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG	TENE 8 1 0 2	5 0 5	
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
7		CEASED NAME FIRST	MIDDLE	FFERT	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR		
	3 SE)	X X X X	RACE	S. DATE OF BIRTH MONTH OAY YEAR	60 MON	UNGER I YEAR IF UNDER 24 HRS	
4	7a. BI	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8	9. BALTIMORE CITY OR COUNTY OF	FDEATH	
17		Pal AND	11.5	MARRIED NEVER MARRIED WIDOWED DIVORCED	MONT.	MD.	
7/	10. CI	KOMA PK.	NAME OF HOSPITAL, NURSING	G HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION	126. KIND OF BUSINESS OR INDUSTRY	
e l		AT RESIDENCE HE NURSING HOME OF OT	HER INSTITUTION GIVE RESIDENCE BEFORE			Dentistry	
335		Mont	g. SILVER	Sp YES INO [11200 LOCKWO	ood DR.	
			DDLE LAST	15. MOTHER'S MAIDEN NAV	WE	LAST	
300		muel	LEFFER	T ROSE	ADDRESS	2 man	
edico		VAS DECEASED EVER IN U.S. ARME YES, NO OB UNKNOWN) (IF YES, GIVE V YES WW I	VAR OR DATES)				
er troumotic event, the r			one cause per line for (a), (b), and BY:	MCE OF CARE	dau; 302 Charlte	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
40		underlying couse lost	(c) Chracic	obstructive solv	umory disease		
٠ ک	_	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DE	BEATH BUT NOT RELATED TO THE YERM	INAL DISEASE OR CONDITION GIVEN	IN PART 1(o	
2	NO.	Ventrice	lar incital	bility			
T Somo	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH C	OPERATION WAS PERFORMED		VERE FINDINGS USED NG CAUSES OF DEATH?	
9		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA' P.M.	Y YEAR	RED (ENTER NATURE OF HAJURY IN ITEM 18, PART	1 OR PART 2)	
morked or It	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI	211. LOCATION	CITY OR TOWN	COUNTY STATE	
		22a.1 certify that (1) this haspital) ottended the deceosed from	12-23 ,1980	, to 1-12 - 19.	81 , that (II) we) lost	
21 is		sow the deceased alive on above ((I) we) (did) (did not)	view the body after death	XL, and that in (our) opinion of	death occurred on the date and hour or	nd from the couses stated	
MPORTANT: If Item 2		226-SIGNATURE	joil In ME	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1-12-81	
KTA		78d. PHYSICIAN'S NAME (TYPE OR P	/	77e ADDRESS			
0		JOHN	KIJAK, JR., M		sity Boulevard	West, SSpg, M	
	23a. E	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		nelawn, Cemetery	y Pinelawn L.I	New York	

70 ROCKUICE

250 DATE REC'D.

BY REGISTRAR

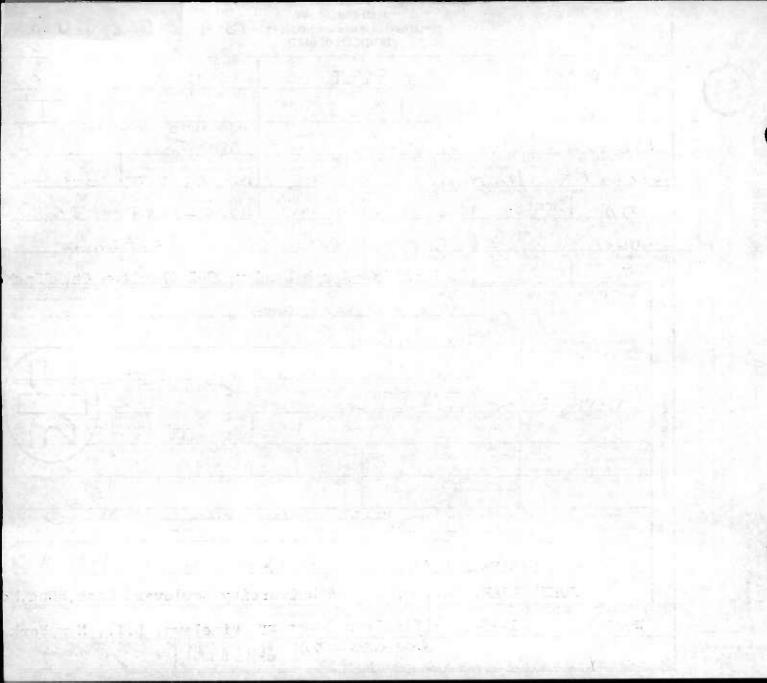
m, I. I. New York

DHMH-16 30M 2/80 (VRA 15, 4)

DANZANSKY GOLDBER

24 FUNERAL DIRECTOR

TO FUNERAL DIRECTOR: After this certificate has been should be detoched for use as the buriol-transit permit. with the State Dept. of Health and Mental Hygiene prior



-		1 -	FOR STATE REGISTRAR	DI	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	0 2	506
m.e	-1	1 DEC	CEASED NAME FIRST	WIDDLE	L	AST	20. DATE OF DEATH M	NONTH DAY YE	EAR 2b. HOUR
oge 3	4/4		Georgie		Lep		Wm. i	26, 190	JO AM
darector. popular		3 SEX	Female	white	5. DATE C		6. AGE (IN YEARS LAST BIRTHI 87	YRS.	DAYS HOURS MIN
1 4 E	obce.	C	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	MARRIEI	D NEVER MARRIED	9. BALTIMORE CITY OR		
ded fune	511		Vashington,DO	USA	WIDOWE		Montgomer		
hours offer death. In by the funeral be filed within 22	90 Totifie	S	lver Spring	Carriage H	STREET ADDRESS)		(TYPE OF WORK FOR MOST OF Ret. Teac		IND OF BUSINESS OR
hin 24 hot ely filled in should be	\$5	Mai	-	rother institution, give residen NTY 1tgomery S	il. Spr	13d. INSIDE CITY LIMITS? YES MO	139 STREET ADDRESS Harv	ey Road	,
ete 12	umine	14. FA	THER'S NAME Levi Maj	MIDDLE I	AST	15 MOTHER'S MAIDEN NAM	MIDDLE		LAST
compl l one	100	14			Mer	Georgia		Mu:	rphy idgemoor
on ond or Poges	medico	nc	VAS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) (IF YES, GIV	C 1 D CO C . TOO!		Henry A. L			
physicic npopers movol.	vent, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (p.). ED BY: TE CAUSE (o)	(b), ond (c).)	Vanla	Acciden	BETY	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
ending corbon, or re	motic e		4360	DUE TO, OR AS A CO	10	lane-			
the dec	er trou		Conditions, if ony, which gove rise to immediate couse (a), stating the	(b) DUE TO, OR AS A COM	V 7877050	1810311			
thot d by eose ol, cr	roth	FG.	underlying couse lost.	(c)	10000011000			22.5	THE RESERVE
equires n signed Then pla	injury, o	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PA	RT 1(01
no. hos bee	Auo sou	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN CERTIFYING CAN	INDINGS USED
physicic physicic lificate I-tronsit of Hygie	18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MON		21c. HOW INJURY OCCURE			
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offer this of the order	orkedo	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNT	TY STATE
pitol or CTOR: A for use of Heol	21 is m		220.1 certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did no	ital) attended the deceased	waters, at	nd that in (my) (our) opinion	deoth occurred on the dot	e ond hour ond fror	m the couses stoted
the hose to DIRE the took of the Director of the Dept.	T: If hem	<	27h SIGNATURE	Much		ATTENDING PHYSICIAN	MEDICAL STAFF	1	DATE SIGNED
retoined by TO FUNER, should be d	IMPORTAN		PHYSICIAN S NAME (TYPE C	ORPRINT) Umha	u Mo	220. ADDRESS (0)	nn. Ave.	Chery 1	har Me
BP	_	23a. B	URIAL, CREMATION, REMOVAL Burial	23b. DATE 1-30-1981	23c NAME OF C	EMETERY OR CREMENT SERVERY	Vashingte	on, D.C.	STATE
MH - 16 50M 7/7 (VR A 15 (4))	77		ineral director armer E. Pum		Polato	256 BATT	RECID. BY REGISTRAR D	TO TRAPISIO	SNATURE

Georgie V. Leppert Montgomery County Silver Spring Cerriage Hill Mrsg. Center-

FOR

- STATE

REGISTRAR

Cremation

24 FUNERAL DIRECTORTYSON

1331 Rockville Pike

		CEASED NAME		MIDDLE	1	ASI COL	2a. DATE OF DE	HINOM HTA	DAY YEAR	2b. HOUR,
		MINA		R.	1	eren	1158			120
4)	1. SE		4. RACE		5. DATE (DAY YEAR		LAST BIRTHDAY)	MONTHS DAYS	HOURS M
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35		Maryland	US.		MARRIE	D NEVER MARRIED	- May	CITY OR COUNT	Count	11
D		LY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	12a. USUAL OCC	CUPATION		OF BUSINESS
notif		Bethesda		burban H		al	1	r most of working i ired	Reg.	•
myst be	13a. S	ALRESIDENCE (IF NURSING HOME OR STATE 13b COUN Maryland Mon		13c. CITY OR TOW Rockvi	N	13d. Inside city limit yes 🗶 no 🗋	S? 13e. STREET ADD			
Dine	14. F	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN	NAME	IDDLE	1.6	ST
151		Andrew	Jacob	Leist	er	Sarah	n E	lizabet	h A	shton
medical		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDRESS		
		no		579 60	7214	Donna Bang	or same a	s 13e		
÷.		18. CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one couse per			(1/1)				ONSET AND DEA
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ofic		4140	DUE TO, O	AS A CONSEQUE		1. 1.	000	V	10	_ '
ממש		Conditions, if any, which	(b)_	- noten	0796	notic Me	ort ui	slock	13	> yes
		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, 9	PASA CONSEQUE	NCE OF	rindon	rafe	chie_	10	do
	NO	PART 2. OTHER SIGNIFICANT (CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE OF	R CONDITION G	IVEN IN PART 1	01
2	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS	IN CERT	ES, WERE FINDI	
S G	CER	21a. ACCIDENT WAS UNDERLYING	110110 1	FINJURY M. MONTH DA	AY YEAR	21c HOW INJURY OC	CURRED (ENTER NATURE	OF INJURY IN ITEM 18	, PART 1 OR PART 2)	
7	CAL	OR CONTRIBUTING CAUSE OF DEA	SIR		19					
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME STR	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC.)	211 LOCATION STREET	cı	TY OR TOWN	COUNTY	STATE
		22a.1 certify that (i) (this haspi	O AALL	0 11./	min	, 19	. 10	munoy	19 1981	that (I) (we)
170	1	sow the deceased alive on above, (JH,we) (did) (did no			(181,00	nd that in (my) (our) opi	nion death accurred or	the date and ho	our and from the	couses stated
		22b. SIGNATURE	ord	i		DEGREE ATTENDIN PHYSICIA		STAFF PHYSICIAN []	22c. DATE	SIGNED
1		EUA M.		LELL		122. ADDRESS 4936 0	ld Geor	petown	- Pd. 1	Bell
š		SURIAL, CREMATION, REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATO	ORY 736 LOCATIO	order .	COUNTY	STATI

STATE OF MARYLAND

CERTIFICATE OF DEATH

Metropolitan Crema

Funeral Home, Inc.

Rockville, Maryland

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

Nurse

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

DHMH-16 30M 2/80 (VRA 15, 4)

COUNTY

77 187 27 27 48. Betheada Suburban Hompital rethred Norwa Haryland Kontromery Hockville X llest Hantover Dr.

Translate almost transportion from the properties of the state of the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletel should be detached for use as the buriol-trasit permit. Then please remove corbanpopers, Pages 1 and 2 swith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORIANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical examination.

executed within 24 hours after death. Page 4 may be

STATE OF MARYLAND

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40		Com	~!	•	9

9	1.	STATE REGISTRAR	DE	CERTIFICA	TE OF DEATH	REG.	NO.	Con ~1	0 0
	(TYPE		iAM J.	Leste	enTIL	20. DATE OF DEATH	JAN 2	4.81	805P
	3. SE	Male	4. RACE WHITE	S DATE OF BIR	DAY YEAR OH 20	6. AGE (IN YEARS LAST	BIRTHDAY) IF U MON YRS.	INDER I YEAR	IF UNDER 24 HRS HOURS MIN.
5		IRTHPLACE (STATE OR FOREIGN COUNTRY) Penn.	76 CITIZEN OF WHAT COU	MARRIED WIDOWED	NEVER MARRIED DIVORCED	MON	torcounty of	,	MD.
8	5	TUENSpring	11. NAME OF HOSPITAL, I	- KOSS A	OSPITAL	120 USUAL OCCUPA (TYPE OF WORK FOR MOS / Rache	ST OF WORKING LIFE)	126. KIND OF INDUSTRY MONT	CTY.
ľ	130. 5	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN Md. 2000	ALA 13 CILA O	r Spring YE	INSIDE CITY LIMITS?	13e. STREET ADDRES	s Greele	x Au	ve.
20		WILLIAM	J. LE	STER, JR.	NOTHER'S MAIDEN NAM	MIDDLE	CREE1	DON	
1	()	VAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIV VES W	VE WAR OR DATES)		NFORMANT NALVINA B. I		SAME AS		WIFE
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) Conditions, if ony, which gove rise to immediate cause (a), storing the underlying cause lost.	DUE TO, OR AS A CON DUE TO, OR AS A CON DUE TO, OR AS A CON	Isslatic NSEQUENCE OF SUMANIA	Careens of Co	lon		6 m	MATE INTERVAL INSET AND DEATH
	ATION	PART 2 OTHER SIGNIFICANT C		NG TO DEATH BUT NOT		INAL DISEASE OR CO	ONDITION GIVEN		
2	CERTIFICATION					YES NO	IN CERTIFYIN	G CAUSES (
7	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. MONT	TH DAY YEAR	HOW INJURY OCCURR	RED (ENTER NATURE OF IN		COUNTY	STATE
		27a. I certify that (I) (this haspit saw the deceased alive on above. (I) (we) (did) (did not 27h. SIGNATURE	1/54	all	ATTENDING		TAFF		
		M. White R.T. C	Benack Mi		ADDRESS 15 Colie	DRIVE,	Wheato	in, 7	yd.
		BURIAL, CREMÁTION, REMOVAL SPECIFY) BURIAL	1/28/81	GATE OF H	TERY OR CREMATORY	23d. LOCATION SILVER S	PRING "	OUNTMONT	STATO.

DHMH-16 30M 2/80 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

24 FUNERAL DIRECTOR FRANCIS J. COLLINS 500 MINIV. BLVD., W., SILVER SPRING, MD. 20901

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

		FOR STATE REGISTRAR			CERTIFIC	F MARYLAND LTH AND MENTA ATE OF DEATH		REG. NO.	0 2	2 5	0 9
		EASED NAME FIRST	uhèn	- L	Duin		2a. DATE	29/8-1	TH DAY	YEAR	26. HOUR
1	3. SEX		4 RACE	~	5. DATE OF B	IRTH DAY YEA		N YEARS LAST BIRTHDA	Y) IF UN	HS DAYS	IF UNDER 24 HRS HOURS MIN.
10	2 010	MALE		ITE	AUG.		na l	78	YRS.		MIN.
47	/a. BIR	THPLACE (STATE OR FOREIGN DUNTRY)		S.A		NEVER MARRIE		ORE CITY OR C		. /	Ca
+	10. CIT	YOLAND YOR TOWN OF DEATH		HOSPITAL, NURSI		THER INSTITUTIO	N 12a USUA	LOCCUPATION	Ti-	2b. KIND OF	F BUSINESS OR
70	Re	thanda	(IF NOT IN SUC	FACILITY, GIVE STREE		SPITAL		ORK FOR MOST OF WO	RKING LIFE)	NEWS !	PAPER
7	USUA 13a. S		OR OTHER INSTITUTION.	GIVE RESIDENCE BEFOR	4	I. INSIDE CITY LIM		T ADDRESS			.,,
1)		RYLAND MO	JT. CO.	CHENY C		ES NO		2 BLA	INE	DRIV	E
60	19. FA	FIRST	MIDDLE	LAST	1 13.	MOTHER'S MAIDE	NAME	WIDOLE	UNKN	LAST	1)
H		AS DECEASED EVER IN U.S.	ARMED FORCES?	16b SOCIAL SEC	JRITY NO. 17	LDA INFORMANT		ADDRESS	UNKA	NOWN	رر
1	(41	S, NO OR HINKNOWN) (IF YES,	NONE	394-10	-8160 B	BERTHA L	EVIN (w	IFE) S	SAME	AS 7	<i>†13,</i>
		18 CAUSE OF DEATH (Enter	only one couse per								AATE INTERVAL
1		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	(b)	R AS A CONSEQUER AS A CONSEQUER	pitere	Continue of the second	Jalues	u		204	matter gener
	z	PART 2. OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO	DEATH BUT N	T RELATED TO THE	TERMINAL DISEA	ASE OR CONDITIO	DN GIVEN I	N PART 110	
2	CERTIFICATION	90 DATE OF OPERATION	19b. COND	TION FOR WHICH	OPERATION V	AS PERFORMED	20a AU		LIF YES, WE CERTIFYING	G CAUSES (
2	-	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	216. TIME O		AY YEAR	c. HOW INJURY O	CCURRED (ENTER		ITEM 18, PART 1	OR PART 2)	
7	EDICAL	(IF EITHER, NOTIFY MEDICAL EXAM)	NER) P.		19	1.00171011					
1	MEC	WHILE NOT WHILE	21e. PLACE ((AT HOME, STR	EET, FACTORY, OFFICE,		I. LOCATION STREET		CITY OR TOWN		COUNTY	STATE
7		22a.1 certify that (1) (this ha	1/27	e deceased from	1/2	not ((my))our) op	7 , to	1/29	, 19	8] , 11	hat (1) we) los
9		obove, (I) (we) (did (did 22b. SIGNATURE)	not view the body	ofter death.	0	GREE ATTENDI				22c. DAJE S	
		Samuel D.	GOLD LO	- IID	22	ADDRESS	rc kville	P.Ke	L.k.	11.1	1 2085

23c. NAME OF CEMETERY OR CREMATORY

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

SURIAL 24 FUNERAL DIRECTOR SILVER SPRING, MD CHAMBERS FUNERAL HOME

CREMATION, REMOVAL

23d LOCATION
CITY ORTOWN
FALLS CHURCH, FAIRFAK, VIRGINIA
CCD. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

The second services are selected to the second services and the second services are selected to the second services and the second services are selected to the second second services are selected to the second s Went with the matter court of the series of the theory por department is the Extr. and the second of The state of the s artistale from the day of the last of the second A SHEET AND THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY.

SUPERIOR MEDIASTINAL STNORME PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING O FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) County State 22c. DATE SIGNED directar, page shauld be filed 20795 23a. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Tawn) (State) REMOVAL (Specify) al 1-14-1981 D. C. Lodge Cemetery Washington & D.C. ADDRESS ROCKVILLE Md 250 RECD BY REDISTRAR 2 256 REGISTRAR 8 SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 30M REV, 1/68 Danzansky-Goldberg Chapels; 1170 Rockville Pikenatt

2b. HOUR

IF UNDER 24 HRS.

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12b. KIND OF BUSINESS OR

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OTO HOSPITAL OR ATTENDING PHYSICIAN; The low retoined by the hospital or ottending physician.

DHMH-16 30M 2/80 (VRA 15, 4)

	1 -	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 (251
		CEASED NAME FIRST OR PRINT) Gertr	ude 14 RACE	LEVI NSON	20. DATE OF DEATH MONTH	3 8 747
		Female	White	MONTH DAY YEAR 03	77 yrs.	MONTHS DAYS HOURS
97	R	RTHPLACE (STATE OR FOREIGN OUNTRY), USSIA	16 CITIZEN OF WHAT COUNTRY U. S.A.	WIDOWED DIVORCED	MONT 60 WER	
85	\$19	KOCKULLE THESSURGAD	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STAP SHADY GROVE A	ELADDRESS) DUENTIST HOSP	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING CLETE	LIFE) 126. KIND OF BUSINES INDUSTRY LIQUOR
85	13a. S		ONTGOMERY SILVER	SPRING YES IN NO [1 8106 NEW HAMPS	SHIRE AVENUE
60	14. FA	THER'S NAME BERNARD	MIDDLE LAST	ow Not Ascert		
1		AS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SEG		5361 A 1295th St	reet, N. W. D. C.
,		DART I DEATH WAS CALLE	only one couse per line for (0), (b), (ED BY: ATE CAUSE (0) PULM ON AG	/	20 11 10 10	APPROXIMATE INTERV BETWEEN ONSET AND D
ony injory, or ones, in	CERTIFICATION	gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT ALTHEMER'S 190. DATE OF OPERATION	DS DIABETES	GANGRENE DEATH BUT NOT RELATED TO HE TERM	ASCAD CHIF	IVEN IN PART 1(0) ES, WERE FINDINGS USED IFYING CAUSES OF DEATH
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MONTH	DAY YEAR		YES NO
New York	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	2 19 84 P. FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STA
0 E S		22a L certify that X(this has	n 19 niview the body ofter death.	31	death occurred on the date and ha	our and from the couses state
		22b. SIGNATURE	uslace.	DEGREE ATTENDING PHYSICIAN 1226. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED
1			T. WALLACE	MO 916 19th S	ST NW WASH	DC 2000(
2	23a E	URIAL, CREMATION, REMOVA SSECIETY BUTIAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY 41 . MSTA
		DUTLAX	1/4/19X1 MA	HUNT LODGINGH COMOTON	III AODXNIA RII -	Geo Maruka
			d M. Stein Hebre	unt Lebanon Cemeter w Memorial F.H. ington, D. C.	LY Adelpric, Price	Geo., Maryka

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FOR - STATE

PHYSICIAN DIRECTOR PHYSICIAN Washington, Cremation Lee Crematory AN 2 6 198 RAR 25 TRANS Jarvis DHMH-16 30M 2/80 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b. HOUR

17h KIND OF BUSINESS OR

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IF UNDER 1 YEAR

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COUNTY

22c. DATE SIGNED

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Maria Carlos Carlos		

	0,	1-	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	0 2 5 1 3
	4 may be on page 3 afficient	3. SE	CEASED NAME FIRST OR PRINT) R17	A RACE	F.	/		20. DATE OF DEATH MONT	9 81 3°pm
•	death. Page	7a. BI	RTHPLACE (STATE OR FOREIGN COUNTRY) New Jerse TY OR TOWN OF DEATH	y U.S		WIDOWE	16 1913 D NEVER MARRIED D DIVORCED SO OTHER INSTITUTION	9 BALTIMORE CITY OR CO	f
121201	d be free with	USUZ	Be the SDA	Subi	HEACILITY, GIVE STREET	TAPOPESS) TO SA RE ADMISSION)	· 1- 1	Assistant	KING LIFE) INDUSTRY Garfinckels
BALTIMORE, MARYLAND 21201	completely filled I and 2 should be sooniner must		THER'S NAME Matthew	MIDDLE	Feehan	1256	YES NO	4515 Willar	Downs
ATIMORE,	Poges		NO	S, GIVE WAR OR DATES)	215-62-	6220	Gail Lewis		Silver Spring, Md. 1009 Merrimac Dr. APPROXIMATE INTERVAL BETWEEN ORSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B	w requires that the death certificate be seen signed by the attending physician mit. Then please remove carbon papers, rior to buriol, cremation, or removal. my injury, or other traumatic event, the	NO	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUMAN Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICA	DUE TO, O be e DUE TO, O Compared to the com	R AS A CONSEOU	JENCE OF	organia organia organia	prior of home meto	hogeton to celiac Norte
ITAL RECOF	The lovicion. The lovicion. The lovicion. The lovicion.	CERTIFICATION	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING			1 OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206. IN C YES NO RED (ENTER NATURE OF INJURY IN IT	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO NO
IVISION OF V	PHYSIC tending rr this cer the buria and Ment	MEDICAL C	OR CONTRIBUTING CAUSE OF CHIEF MOTIFY MEDICAL EXAM	MINER) P.	M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE,	19	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	HOSPITAL OR ATTEN pined by the hospital propriate TUNERAL DIRECTOR. and be detached for up the State Dept. of He PORTANT: If hem 21 is		22a. I certify that (1) (this h saw the deceased alivabove, (1) (we) (did) (di 22b. SIGNATURE	e on id nat) view the body	19_	/	DEGREE	MEDICAL STAFF DIRECTOR PHYSICIAN	19
560	BP	(URIAL, CREMATION, REMO SPECIFY) Burial UNERAL DIRECTOR JOSE	1/12/1 eph awler	1981 F	t. Li	emetery or crematory ncoln Cemeter 250. DA	TE REC'D. BY REGISTRAR 251 CR	G. Maryland EGISTRAR'S UCH TURE
	(VRA 15, 4)		5130 Wisc.	Ave., Was	sh., D.C.		JAI	v1 4 1981	7

STATE OF MARYLAND

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STATE OF MARYLAND

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11-	STATE REGISTRAR		ME	DICAL EXAMIN	IER'S	ERTIFICATE	OF DEA	TH I	REG. NO.	2 3 1	
	CEASED NAM	E FIRST		WIDDLE		LAST	[2	a DATE KNO		DAY YEAR	25 HQUE
(TYP	E OR PRINT)	William	, F	Harrison	T.	ewis		OF ES	ST1- =	22 19 8]	1 P. M
2.SEX	<		DATE OF BIRTH	6 AGE (IN YE	ARS IF UN	IDER 1 YR. IF UNDER	R 24 HRS.	c. DATE	MONTH	DAY YEAR	
17		722 -1	MONTH DAY	YEAR LAST BIRTHD	AY) MONTE	S DAYS HOURS		RONOUNCEL	1/2	22 19 8]	
	RTHPLACE (S		Jun. 28,1		RS.				E CITY OR COUN		L L M
	REIGN COUNTRY)		e chizzivoi vii	THE COUNTRY!		ED K NEVER MARR	RIED 🔲			TO DEATH	
Wa	shingto	on, D.C.	USA		WIDOW		CED 🗌	Mont	gomery C	ounty	MD.
10. CI	TY OR TOWN	OF DEATH		SPITAL, NURSING HOME ACILITY, GIVE STREET ADDRESS)	E, OR OTH	ER INSTITUTION	FOR M	OST OF WORKING	ON (TYPE OF WORK	OR INDUS	TRY
Si	lver S	pring	10131 (Greenock Ros	ad		Mili	tary R	etired	US Ar	my
JUSUA	L RESIDENCE	(IF IN NURSING HOME OR		136, CITY OR TOWN	ION)	13d. INSIDE CITY LIMITS?	lia STOE	ET ADDRESS			
0.3	ryland		omery	Silver Spi	ring	YES NO			enock Ro	ad	
	ATHER'S NAME		Offer	IDITAGE DO	LIIE	15. MOTHER'S MAID					
	FIRST		MIDDLE	LAST		Elsie		WIDDI	_	LAST	
1/40 \		nknown D EVER IN U.S. ARMI	ED FORCES?	16b. SOCIAL SECURIT	Y NO	17. INFORMANT		Δ	DDRESS	lark	
	ES, NO, OR UNKNO	OWN) (IF YES, GIVE W.	AR OR DATES)								Md
	Yes	Viet	nam	579-46-440	11	Mitsuko L	.ewis	10131	Greenock		
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:									BETWEEN ON	SET AND DEATH
	PARTIDE	IMMEDIATE	CAUSE (a) AS	cute myocard	dial	disease.					
	4 2 9 IMMEDIATE CAUSE (a) Acute myocardial disease. (DUE TO, OR AS A CONSEQUENCE OF										
1	Canditions, if any, which										
	gave rise to immediate (b)										
1	lying couse last.										
	(c)										
-	PART 2 OTNER 5	IGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	AINAL OISEAS	E OR CONDITION GIVEN IN PA	ART 1 (a).				
CERTIFICATION	300			None							
S	19a. DATE OF	OPERATION	19b. CONDI	ITION FOR WHICH OPER	RATIONW	'AS PERFORMED?				20. AUTOPS	Y?
ΙĔ	No	ne	100							YES 🗌	NO X
		AL CAUSE WAS	21b. TIME O			OW INJURY OCCURR	ED LENTER N	ATURE OF INJURY	IN ITEM 18 PART 1 OR P.	ART 2)	
N N	UNDERLYING			M. MONTH DAY YEAR	E	BT					
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WEI				CTORY, FARM, ETC.)		STREET		CITY OR TOWN	CC	OUNTY	STATE
	AT WORK	NOT WHILE D									
43	22a i certi	ify that I taak charge	of the remains de	scribed above, held an	Autop	sy , Inspectio	an .	Inquiry X	and in my a	pinian	
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	ACTUAL	1 / /	20	1/500		Demaker			DATE	ED 1/23	/27
	SIGNAT	100	0. (1000	ro N			CAL EXAMINE		ED_1/63	701
/	EXAMPLES	NAME	. a D	N. D				ary Ro		26.2	
-	TYIP CONTRI	John	1 S. Roge	ers, M.D.		ADDRESS Silve			ontgomer	y, Md.	
	URIAL, CREMA	TION, REMOVAL 231		23c. NAME OF CE			23d. LO	CATION	cou	UNTY	STATE
1	Burial		Jan. 30,	1981 Arling	ton 1	lational		t Myer	Virgin	ia	
	UNERAL DIREC	CTOR				25a. DA	EP.N	REGISTRAR	25b. REGISTRAR'S	SIGNATURE	
P	cGuire	Funeral S	ervice	7400 Ga. Ave	e. N.	W. DC	-W 7	וטעי	And July	y moure	ralay

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	1 -	FOR STATE REGISTRAR		DEP	ARTMENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	0	2 5 1	5
			ONALD	ALLEN		INICK	JANUARY 31	, 1981		25 ^p
(IV	3. SE	MALE		HITE	5. DATE O	MBER 1, 1941	6. AGE (IN YEARS LAST BIR	YRS.	THE DAYS HOU	NDER 24 HRS
51	· I	RTHPLACE (STATE OR FORE COUNTRY)		U.S.A.	TRY? 8 MARRIE WIDOWE		9. BALTIMORE CITY O MONTGOME	RY COUNTY OF	TY	~
9 Zatified	BE	TY OR TOWN OF DEATH	(IF N	THE CLINIC	SAL CENT	er other institution	12a, USUAL OCCUPAT (TYPE OF WORK FOR MOST C Attorn	ION OF WORKING LIFE)	12b KIND OF BUS NOUSTRY US Gov	t t
18	13a. S	ORIDA B	roward		KE PINE		13e STREET ADDRESS 1121 HIAT	US_RGAD	(33026)
O teaning	1 _S	idney	C.		ick	Yetta	(NMN)	Dobrov	skv
e medico		VAS DECEASED EVER IN (ES. NO OR UNKNOWN) (1	U.S. ARMED FOI FYES, GIVE WAR OR I	DATES	4-4765	MRS. JUDY LIN	VICK (NOK)		E ASABOV	Έ
emoval.		18 CAUSE OF DEATH (E PART I. DEATH WAS IMA	enter only one co CAUSED BY: MEDIATE CAUSI	Sensi					Hours	AND DEATH
, crematian, or rother troumatic		Conditions, if ony, wl gove rise to immed couse (o), stating underlying couse	iate	(b) MIXED		1 Guoma			Years	
r to buriol injury, or	NOI	PART 2. OTHER SIGNIFI	CANT CONDITI	ONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	IN PART 1(o)	
nows ony	CERTIFICATION	19a. DATE OF OPERATION		CONDITION FOR W	HICH OPERATIO		20a AUTOPSY?	IN CERTIFYIN		SED EATH?
rked or Item 18 si	MEDICAL CEI	216. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (1F EITHER NOTIFY MEDICALE 216. INJURY OCCURRED WHILE WHILE AT WORK AT WORK	SE OF DEATH HC	TIME OF INJURY DUR A.M. MONTH P.M. PLACE OF INJURY HOME, STREET, FACTORY, OF	19	216. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	-	OR PART 2)	STATE
tpt. of Health	4	22a.1 certify that (this saw the deceased of the field)		NUARY 31 ne body after death.		BFR 30 , 19 80 and that in ((our) opinion of ODEGREE	, taJanuar deoth occurred on the d	,		
with the State De		Calaber d	(m.) mivit	a ms	*	ATTENDING PHYSICIAN 220 ADDRESNATIONA		ES OF H	Feb 1, a	1981
IMPO	23a. E	URIAL, CREMATION, REA		ATE DUC	23c. NAME OF C	THE CLINICAL	23d. LOCATION			ND 0205
_		remation	21	Feb 1981	Lee's	Crematory	Washingto	on, D.C	•	31716

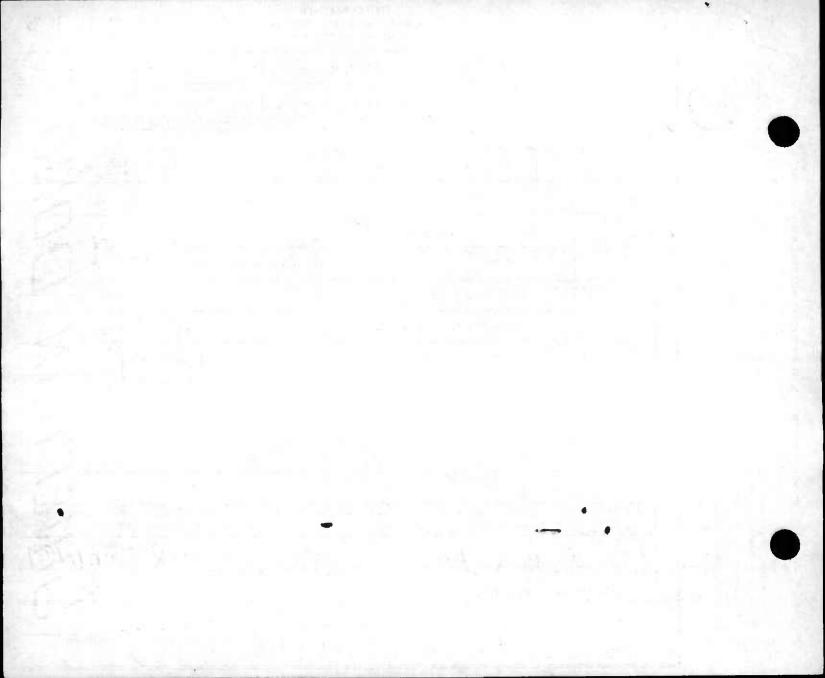
250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S GIONATURE

11800 New Hampshire Ave. Silver Springs, Md 20904

DHMH-16 30M 2/80 (VRA 15, 4)

24. FUNERAL DIRECTOR

Hines/Rinaldi F.H.



15M 7/77

STATE OF MARYLAND

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Item 18

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MPORTANT: If Hem should be detached with the State Dept.

(SPECIFY)

Burial

8	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	IYGIENE 8 1 0
& 74	1. DECEASED NAME FIR	LIAM E	LUSKEY	20. DATE OF DEATH MONTH
(M)	3. SEX Male	4. RACE White	5. DATE OF BIRTH MONTH 1-22-1903	6. AGE (IN YEARS LAST BIRTHDAY) 77 YRS.
# 18 14	76. BIRTHPLACE (STATE OR FOREK	7b. CITIZEN OF WHAT COUN	TRY? 8 MARRIED X NEVER MARRIED	

IF UNDER I YEAR Y OF DEATH Mont. MD 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired Steamfitter Takoma Park Washington Adventist Hosp USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. CITY OR TOWN 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Pr. Geo. 5715 Md. Hy. - Jamestown Rd. YES X NOF 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Alice Elvin M. M. Lanham Luskey ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Same as (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 577-03-9813 (Wife No Alice R. Luskey above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate couse (a), stating the INSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES [NO [216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF GEATH MEDICAL P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.l certify (aur) apinian death occurred on the date and haur and fram the causes stated DEGREE EDICAL ATTENDING STAFF DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME (TIPE OF PERO) 22e. ADDRESS 23a. BURIAL, CREMATION, REMOVAL 73b DATE 23d LOCATION

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR Nalley's F.H.Inc. Mt. Rainier. Md.

1-21-81

23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.

Suitland

Pr. Geo . Md .

26. HOUR

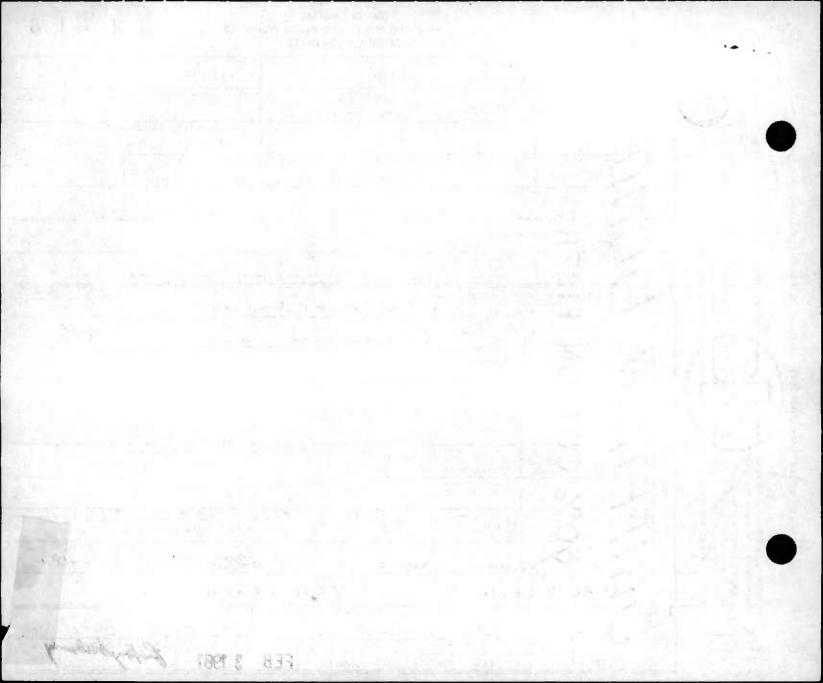
BY REGISTRAR 25 TEGISTRAR'S IGNATURE

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L RECORDS, 201 W.

0	7.	FOR STATE REGISTRAR	DEPARTM	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	2 ~
1		CEASED NAME FIRS SAL	VATORE MIDDLE	1agri 1	1/29/81	DAY YEAR 26. HOL
A)	3. SE	male	RACE WHITE	5. DATE OF BIRTH MONTH DAY YEAR JAN 27 1913	6. AGE (IN YEARS LAST BIRTHDAY) AR YRS.	IF UNDER LYEAR IF UNDER
10 de		ITALY	TTALY	MARRIED XX NEVER MARRIED WIDOWED DIVORCED	Montgome	ry county
Political		Silver Spring	(IF NOT IN SUCH FACILITY, GIVE STREET,	ross Hospital	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) CABINET MAKER	126. KIND OF BUSIN INDUSTRY
and so	13e. 3		THER INSTITUTION, GIVE RESIDENCE BEFORE Y 13c. CITY OR TOW GOMERY WHEATOL	N 13d. INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS	VEN PARK
50		ANTONIO	MAGRI	15. MOTHER'S MAIDEN N	WIDDLE	MAGR T
the medicol		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE Y NO	ED FORCES? 16b. SOCIAL SECU WAR OR DATES) 216-58-		ADDRESS AGRI SAME AS 1	3 SON APPROXIMATE INTE
njury, or other troumotic	NO	Conditions, if any, which gave rise to immediate couse (o), stating the underlying couse last. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE	NCE OF	MINAL DISEASE OR CONDITION G	IVEN IN PART 1(a)
9	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USE IFYING CAUSES OF DEA' 'ES \rightarrow NO [
Item 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DA	YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM T8	PART 1 OR PART 2)
orked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC J STREET	CITY OR TOWN	COUNTY
: If hem 21 is mo		27a.1 certify that (1) (this haspital saw the deceased alive on above, (1) (we) (did) (did nat) 27b. SIGNATURE	view the bady after death.	DEGREE ATTENDING	n death accurred on the date and ha	, 19, that (I) (pur and fram the causes st 22c. DATE SIGNED
IMPORTANT: #		22d. PHYSICIAN'S NAME (TYPEORI	PRINT! _EJIM	22e ADDRESS	EXTIN T.	
~	22. 1	BURIAL, CREMATION, REMOVAL	236. DATE 23c. N	IAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY
_		BURIAL UNERAL DIRECTOR EDANGE	S J. COLLINS	GATE OF HEAVEN	SILVER SPRING	MONT

STATE OF MARYLAND



STATE OF MARYLAND

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U	Con	and .		4

1	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HY ICATE OF DEATH		NO.	2	3	1 9	
	CEASED NAME E OR PRINT)	George		N.		lain	20. DATE OF DEATH	NONTH 01	14	81	3:45A	
3. SE	X	4 RA	CE		5. DATE C		6 AGE (IN YEARS LAST	BIRTHDAY)		DER I YEAR	IF UNDER 24 HRS	
	Male		Whit	e	Aug	0 4004	59	YRS	MONTH	DAYS	HOURS MIN.	
	IRTHPLACE (STATE OR FI		U.	DE WHAT COUNTRY? 8.			9 BALTIMORE CITY		OUNTY OF DEATH			
Olney			htgo	we of Hospital, nursing Home or other Institution			120 USUAL OCCUP (TYPE OF WORK FOR MO: Carpente	TOF WORKING	12b. KIND OF BUSINESS OR INDUSTRY County School			
130. Ma	AL RESIDENCE (IF NURS STATE Aryland	Carrol		13c. CITY OR TOW Mt. Air	N	13d Inside City Limits?	320	S Viole	t Co	urt		
14 F.	George	MIDDLE E.		Main		15 MOTHER'S MAIDEN N FIRST Ada	C. MIDDLE		Ri	mbey	ī	
	WAS DECEASED EVER YES, NO OR UNKNOWN) Yes	(IF YES, GIVE WAR		220-09-0		Arlene B	osley Main,	Ite	em 1	3		
	PART I. DEATH iEnter only of PART I. DEATH WAS CAUSED BY IMMEDIATE Conditions, if ony, which gove rise to immediate couse (a), stofting the underlying couse lost.		DBY: Sitis Charles and acute 1			acute re	vel		4	MATE INTERVAL ONSET AND DEATH OF THE STATE		
CERTIFICATION	PART 2 OTHER SIGNIFICANT CON Yough Mude C 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (## ETHER, NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE		ONDITIONS CONTRIBUTING TO DEATH BUT diffur Lone pum per condition for which operation			NOT RELATED TO THE VER	RMINAL DISEASE OR CO	20b. IF Y	res, wei	PART 100	- <i>k</i>	
MEDICAL CER			Nb. TIME O HOUR A. P.,	M. MONTH DA	YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF IN	JURY IN ITEM 1	B, PART I C	R PART 2)		
MED			21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)			21f LOCATION STREET	CITY OR	own A	cc	YINUC	STATE	
	220.1 certify that (1) sow the decease ove. (1) (webse		13	19_	81.00	d that in (my) (our) opinio	, 10	dote and h	_, 19 our ond		that (1) (no) fast couses stated	
	22b(SIGN) TURE	eld §	8):lem	mo	DEGREE ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN []		1 4	IGNED 81	
	22d. PHYSICIAN'S NA	AME (TYPE OR PRINT)			22e ADDRESS				()		

should be detached for with the State Dept of H Donald E. Dillon, M.D.

18111 Prince Philip Dr., Olney, Md.

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION
CITY OF TOWN
Mt. Airy, Carroll Md. Jan. 17, 1981 Pine Grove

24 FUNERAL DIRECTOR NAME Olin L. Molesworth, P.A., Damascus, Md.

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

TO FUNERAL DIRECT

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS 301 W PRESTON STREET RAITIMORP MARYLAND 21/01

					CERTIFI	CATE OF	DEATH				Con.	~	4 0
	ECEASED-NAME	First		Middle		Last		20. DA	TE OF DEAT				2b. HOUR
(1	Type ar print)	Charl	es	Westco	tt	Malla	rd		Janu		Doy	Year	9:30
3. SE	EX		4. RACE			S. DATE OF				GE (In years	_	UNDER 1 YEAR	IF UNDER 24 HRS.
	Male			White		Feb.	14, 3	1919	los	st birthdoy)	RS. MON	ITHS OAYS	HOURS MIN.
	BIRTHPLACE (Stote	or foreign	b. CITIZEN OF W	HAT COUNTRY?	8. MARRIED	NEVER MA		-	TY OF DEAT	TH			
caul	New Y	ork	U	.S.A.	WIDOWED	The same of the sa	ORCED	Mo	ntgor	nerv			M
10. (CITY OR TOWN OF I	DEATH		AME OF HOSPITAL OR	INSTITUTION (IF	nat in haspital		SUAL OCCUPA	ATION (Kind	af wark da			F BUSINESS OR
	Gai thers		9	street address) 212 Weath				Accoun		even if retired	d.)	INDUSTRY Aute	
13a.	USUAL RESIDENCE issian) STATE	(Where decease		tian: Residence befar	e 13c. CITY O	R TOWN	13d. INSIDE CIT			AND NUMBER			
Odin	Maryl	and	13b. COUNTY	gemery	Gaith	ersbur	AE2 X	NO 🗌	9212	2 Weatl	nerv	ane l	lace
14.	FATHER'S NAME	First	Middle	Last		IS. MOTHER'S I	MAIDEN NAME	First	2 -1	Middle	19		Lost
		Claude	_	Mall			Est	ther		_			stcett
	. WAS DECEASED EV		D FORCES? ar dates of service)	16b. SOCIAL SECURIT		INFORMANT				Licingres			
	Yes	Kor		715-01-0	815 8	Steve M	allar	d Fai	rfax	Va.	220		
				ine for (o), (b), and	(c).)	1	1	01	-		766		CIMATE INTERVAL ONSET AND CEATH
	PART I. DEA	TH WAS CAUSED IMMEDIAT	BY: E CAUSE (a)	Deule	Myck	yense	es fl	uke	nea			7.	menth
1.5	2051		DUE TO, OR	AS A CONSEQUENCE (OF -		,,					-	
	Conditions, if on rise to immedia		(b)	Folse	ylle	nei	Vene					1	year
	stating the unde		DUE TO, OR	AS A CONSEQUENCE (OF .								
	last.)	(c)										
	PART 2. OTHER S	IGNIFICANT CONE	ITIONS CONTRIBL	JTING TO DEATH BUT	NOT RELATED	TO THE TERMIN	AL DISEASE O	RCONDITION					
NO	441	reco	reo	· the	alla	acro	uello	- u		RXOFL			
CERTIFICATION	19a. DATE OF OPER	RATION 19b. C	ONDITION FOR WI	HICH OPERATION WAS	PERFORMED	20a. AU1 YES			Ob. IF YES, AUSES OF D	WERE FINDING DEATH?	GS CONSI	DERED IN (CERTIFYING
ERTI	21g. ACCIDENT W	AS TINDEDIVING	21b. TIME O	E INITIDY	214	HOW INJURY O			6 Indiana In	Dart 1 or Dart	2 Itam	10)	
MEDICAL (OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M.	Month Day Ye		HOW HOOK! O	CCORRED (EI	ilei iloiole c	or injury in	roll I of rull	2, 116111	10.)	
WED	21d. INJURY OCC	URRED 21e. F		(AT HOME, FARM, STREET,		LOCATION Str	eet or R.F.D.	No.	City or To	own	(ουπτγ	Stote
	While Not w	hile 🔲		OFFICE BUILDING, ETC.								54.4	
	22a. I certify	that (1) (this	haspital) att	ended the deced	sed fram_	Mala	, 19	74, to	O JAA	130,	19£	\angle , tha	t (I) (we) las
	saw the	deceased ali tated abave.	ve an/# (N) (we) (did)	(did not) view th	19 <u>£</u> , a	nd that iń (4 r death.	77) (aur) a	ipinian de	ath accu	rred an the	date	and haur	and fram th
	22b. SIGNATURE	P		1	1 ~ 1	11)	INC	AACD	CTI			SIGNED	10/11
	C	ugen	10	1. Zu	gre DEC	GREE PHYS.		MED. DIRECTOR	□ STA	YS. 🔲 .		dan	1981
	22d. PHYSICIAN'S NAME (Type)	Euge	no t	Libr	=		DRESS 10			me.		078	·5
23a	BURIAL, CREMATIC		ATE	23c. NAME (OF CEMETERY O	R CREMATORY		23d. L0	OCATION (C	ty ar Tawn)	(County)	(State)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely tilled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon, papers. Pages 1 and 2 should be filed with the State Dept. at Health prior to burial, cremation, or removal, and in ony event, within 72 hours ofter death. VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the hospital or attending physician.

Arlington
REGISTRAR'S SIGNATURE

REMOVAL OPECTOR

24. FUNERA SIRECTOR

Control

Gartner Sandison F. Arlington National 316 Diamond Ave. Cem. Arlington
250. REC'D BY REGISTRAR
25b. Gaithersburg, Md

DATE

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STATE OF MARYLAND

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STATE REGISTRAR	DEPART	CERTIFICATE OF		REG. NO.	0 2	0 2 1
1. DECEASED NAME FIRST	MIDDLE	LAST	20. DA	TE OF DEATH MON	TH DAY YEAR	2b HOUR
(TYPE OR PRINT) HERMI	LINE T.	, MAROTT	E Jar	nuary 2.	1981	3:35PM
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE	(IN YEARS LAST BIRTHDAY		
Female	Caucasian	Dec.19,	1888	92	YRS. MONTHS DAYS	HOURS MIN.
7a. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVE	R MARRIED 9. BAL	TIMORE CITY OR CO	DUNTY OF DEATH	
Massachusetts	United States	WIDOWEDX	DIVORCED MOI	ntgomery	County.	. MD
BETHES DA	11. NAME OF HOSPITAL, NURSI IF NOT IN SUCH FACILITY, GIVE STREE BLKBAH	VHOSP	(TYPE C	SUAL OCCUPATION OF WORK FOR MOST OF WOR OMEMA ker		
Massachuse ts	Bristol Taunt	on 13d Inside	NO [] 25	REET ADDRESS Warren	Street	
14. FATHER'S NAME David	Therriau	lt HE	ERMILINE	MIDDLE	BREARD	4 S T
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) IIF YES, O	ARMED FORCES? 16b. SOCIAL SEC 0 36 4 2		ra Daughter	4613 N. Betheso	Chelse	a Lane Iand
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ENCE OF	ED TO THE TERMINAL DI	the t	GOT (R))
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH	HOPERATION WAS PER	FORMED 20a	IN	. IF YES, WERE FIND CERTIFYING CAUSE YES	INGS USED S OF DEATH?
	EATH HOUR A.M. MONTH D	AY YEAR	INJURY OCCURRED (EN	ITER NATURE OF INJURY IN 19	TEM 18 PART 1 OR PART 2)	
OK CONTRIBUTING CAUSE OF E	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211. LOCA STR	TION	CITY OR TOWN	COUNTY	STATE
saw the deceased alive a	pital) attended the deceased Iram.	2 January 1 Janu	, 19 <u>31</u> , to. ny) (our) apinian death oc	curred on the date or	nd hour and from the	that (I) (we) last causes stated
22b. SIGNATURE	1 Clarides	DEGREE	ATTENDING MEDI	ICAL STAFF		. 2.1981
22d. PHYSICIAN'S NAME (TYPE		22e. ADDR	PESS		1	
EMMA	C. ANDRES	M.A 860	0 Old Geor	getownRd	l. Bethes	sda Md.
230. BURIAL, CREMATION, REMOVA	al 23b. DATE Jan. 23c.	NAME OF CEMETERY O	R CREMATORY 23d.	LOCATION CITY OR TOWN	COUNTY	STATE

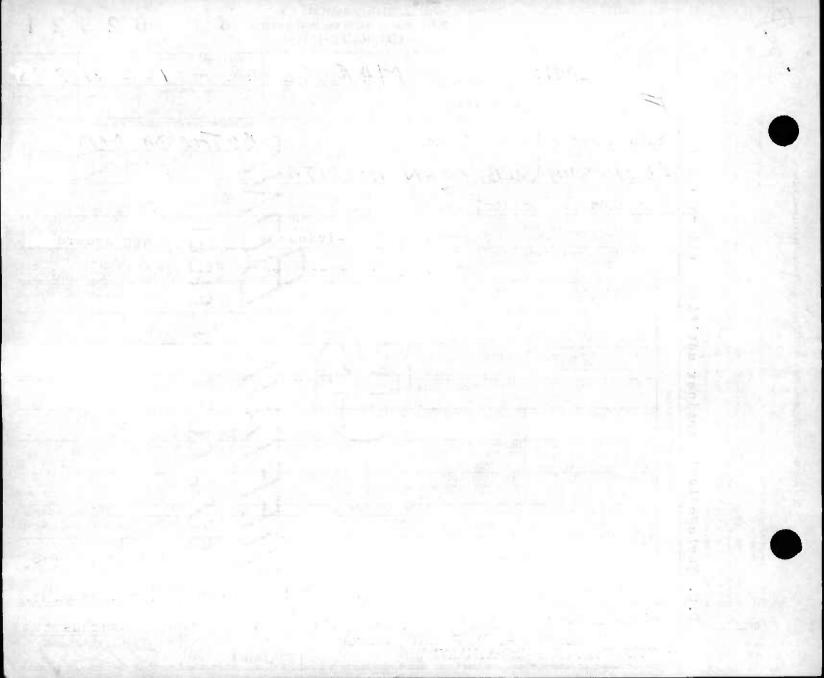
BP. DHMH-16 30M 2/80 (VRA 15, 4)

Bur al-Removal 4,1981 St. Joseph's A FUNERAL HOMES, P.A., BETHESDA, MARY LAND

Taunton, Massachusetts

250. DATE REC'D. BY REGISTRAR 25b. RE

JAN (1981) JAN !



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MPORTANT: If Item 21 is morked or Item 18 show

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 5

REGISTRAR				CERTIF	ICATE O	F DEATH		REG. N	10.				
DECEASED NAME	FIRST		MIDDLE	14.	LAST		20. DATE O	FDEATH	MONTH	DAY	YEAR	26. HOL	JR
	ORAINE		В.	MA	RTENS	;	JAN	UARY	11,	1981		4:4	DA .M.
SEX		4. RACE		5. DATE C			6. AGE (IN)	EARS LAST BI	RTHDAY)	IF UNDE	RIYEAR	IF UNDER	
FEMALE		White		Nov	. 30,	1896	84	+	YRS		DAYS	HOURS	MIN.
BIRTHPLACE (STATE COUNTRY) Wiscon			WHAT COUNTRY?	8.	D - NEVI	R MARRIED DIVORCED	9. BALTIMO	ntgom		TY OF DE	ATH		MD.
ROCKVIL	LE	ROCKV	HOSPITAL, NURSING FACILITY, GIVE STREET NURS	ING H		NSTITUTION	126. USUAL (TYPE OF WOR Home		OF WORKING		USTRY	F BUSINI	SS OR
SUAL RESIDENCE (IF 30. STATE Md.	136 COUN	OTHER INSTITUTION TY OMERY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Kenwood		13d INSID YES 🏋	E CITY LIMITS?	13. STREET 6408	ADDRESS High	land	Dr.			
Peter H		MIDDLE	Brodes	ser	15 MOTH	er's MAIDEN NA FIRST Ottilia	ME	WIDDLE		Kess	ler	ī	A
YES NO OR UNKNOWN	VER IN U.S. AR	MED FORCES? WAR OR DATES)	392-46-8		17 INFOR	MANT ry Marte:	ns Sam	addr e as		# 13			
Conditions, if gove rise to couse (a), st underlying co	ony, which immediate toting the	DUE TO, C	RAS A CONSEQUE	w	fer	ine	ele;	Li,			gec	med	ce Ke
PART 2. OTHER S	SIGNIFICANT C	Se l	ONTRIBUTING TO E	EATH BUT	NOT RELA	TED TO THE TERM	INAL DISEAS	E OR CON	DITIONG	IVEN IN I	PART 110	1)	
19a DATE OF OPI		19b. COND	ITION FOR WHICH	OPERATIO	N WAS PER	FORMED	200 AUTO	NO [IN CERT	ES, WERE IFYING O YES [FINDIN	GS USEI OF DEAT	H?
216. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY)	CAUSE OF DEAT	111	DE INJURY M. MONTH DA M.	Y YEAR	21c. HOW	' INJURY OCCURI	RED (ENTERNA	TURE OF INJU	RY IN ITEM 18	PART I OR	PART 2)		
21d. INJURY OCC	T WHILE TO	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCA	TION		CITY OR TO	NWN	co	UNTY	S	TATE
sow the dec	t (I) (this hospit eosed alive on e) (clid) (did not	747		or , or	1	, 19 (aur) opinian	, to deoth of urre	d on the d	ote ond he	, 19 Sour and fr		hot etr (v	-,
22b. SIGNATURE		Ber	nfeir	6	72e MOI	ATTENDING PHYSICIAN TERMS	MEDICAL DIRECTOR	STA	FF TIAN []	22	C DATE :	ISI 1/81	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol. retained by the haspital or ottending physicia BP

DHMH-16 30M 2/80 (VRA 15, 4)

M.D. 230. BURIAL, CREMATION, REMOVAL (SPECIFY Burial 236. DATE 1/15/81

FOR

23c. NAME OF CEMETERY OR CREMATORY Holy Cross Cem.

4713 Bradley Blvd. Chevy
TERY OR CREMATORY 238 LOCATION Wauwatosa Milwaukee, Wisc.

74 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 5130 Wisc. Ave. N.W. Wash., D.C. 20016

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

			and:
1-12-11			
TEADANT		The state of the s	
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8. Hoper only some a section as section in the class of t

elal 2/15/21 - 329 Denna de deuwetone Bilenskoe, vico.

Doogs desker's one, no.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

10	, ,	REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO.		
1		OR PRINT)	FIRST	MIDDLE	L	AST	2a DATE OF DE		DAY YEAR	26 HOUR
		EM	MA	В.	MAF	RTIN	JANUAF		1981	3:45am
	3. SE	X	4 RACE		5 DATE C		6 AGE (IN YEARS		MONTHS DAYS	IF UNDER 24 HRS
		FEMALE	WHI	TE	DEC	24,1895		85 yr		
8		RTHPLACE (STATE OR FORE	IGN 76 CITIZEN	OF WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE	CITY OR COU	NTY OF DEATH	
8/00		NNFSOTA	24 10 30	II S.A.	WIDOWE		Monto	omery		MD.
8 0		ITY OR TOWN OF DEATH	11. NAME	OF HOSPITAL, NUR	SING HOME C	OR OTHER INSTITUTION	120 USUAL OC			OF BUSINESS OR
T John		Olney				Hospital	ADM. A	SSISTAN	NGLIFE) INDUSTRY	I.R.S.
ed 125	130. 5		SHOME OR OTHER INSTITUTE TO COUNTY	130. CITY OR TO	OWN	13d. Inside City Limits? YesXX NO []		FOREST	EDGE DRI	VE
50 Examine	14 F A	ATHER'S NAME FIRST LEO	WIDDLE	BIEL	3L	15. MOTHER'S MAIDEN NA FIRST THERES	A	VIDDIE	ВАЎ	'ER
00		VAS DECEASED EVER IN	U.S. ARMED FORC		ECURITY NO.	17 INFORMANT	-	ADDRESS		
med		NO	F 163, GIVE WAR OR DATE		2-0108	FRED S. MAR	TIN	SAME A	AS 13	HUSBAND
ar ather traumatic event, th		Conditions, if any, v gave rise to imme- cause 101, stating	CAUSED BY: MMEDIATE CAUSE () DUE T	O, OR AS A CONSE	OUENCE OF	Pulmanan Leg phlet Geart Cel	tothe ad	mbro	BETWEEN CO.	MMATE INTERV ONSET AND DIATH
injury, o	NO	PART 2. OTHER SIGNIF	ICANT CONDITION		TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE C	RCONDITION	GIVEN IN PART 1	10
ruo smo 2	CERTIFICATION	190. DATE OF OPERATIO	DN 19b. Co	ONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPS		FYES, WERE FINDS ERTIFYING CAUSES YES [
ltem 18 sh		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL	JSE OF DEATH HOU	ME OF INJURY R. A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATUR	e of injury in itea	n 18, PART 1 OR PART 2)	
rkedor	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK	(AT HO	ACE OF INJURY ME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	21f. LOCATION STREET	CI	TY OR TOWN	COUNTY	STATE
m 21 is mo					9 81 .01	nd that in (my) (mer) apinion	death accurred a		hour and from the	that (I) (Victorial lost causes stated
LT: If Ite		226 SIGNATURE	200 8	Belau BelauF	of,		QIRECTOR [1/2	23 /8 /
MPORTANT		GUSTA	E (TYPE OR PRINT)	BelAVA	7 /		sure w	Sprin	madice	20906

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

O HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene priar to burial, crematian, ar removal.

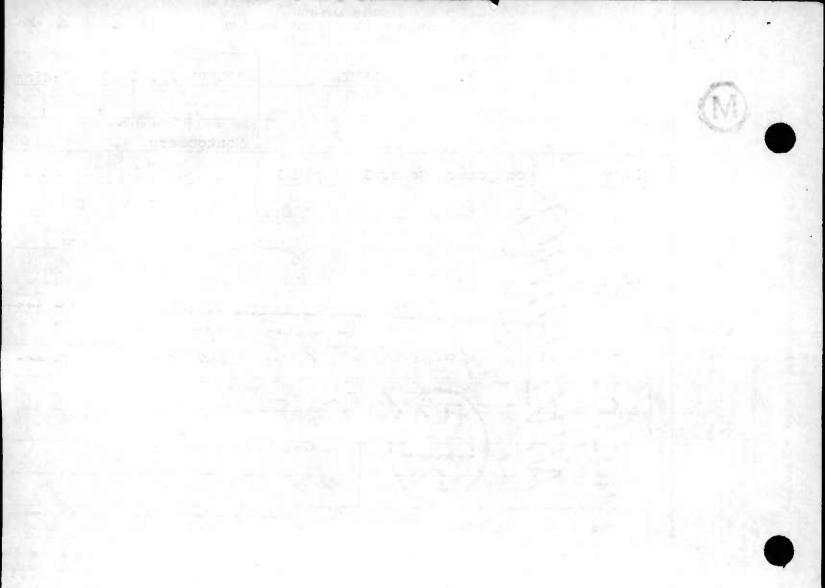
230. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE BURTAL 24 FUNERAL DIRECTOR NAME 29-81

23¢. NAME OF CEMETERY OR CREMATORY RIVERSIDE CEMETERY

23d. LOCATION CITY OR TOWN BARNUM CA

COUNTY MINN CARLTON

FRANCIS J. COLLINS 500 UNIV. BLVD., W., SILVER SPRING, MD. 20901



the death

	1-	STATE REGISTRAR			CE	RTIFIC	TE OF DEATH		REG. N		Gue N.	
		CEASED NAME FIRE OR PRINTING MAY	st	MIDDLE	MA	SON		2	JAYUACY		1981	² 111:31
	3 SE	Female	4 RACE	hite		ATE OF B	DAY YEA		AGE (IN YEARS LAST RIR	,	F UNDER I YEAR	HOURS MIN
75	CC	RTHPLACE (STATE OR FOREIGN DUNITRY) ennsylvani		N OF WHAT CO	MA	ARRIED C	NEVER MARRIE		BALTIMORE CITY O	_		
20		ty or town of death lver Sprin	g 137	NE OF HOSPITAL, OT IN SUCH FACILITY, G	NURSING HO	Ct.	THER INSTITUTIO		TASSPORU		126. KIND C	S.Gov
35	13a S		ome or other inst COUNTY on tgom	13c CITY	NCE BEFORE ADMIS OR TOWN L.Spg.	1134	INSIDE CITY LIM	NITS? 1:	13705-Ca	rlisl	e Cou	rt
50		THER'S NAME Henry	M.DDIE	Ying			MOTHER'S MAIDI		MIDDLE		Negl	ey
1		VAS DECEASED EVER IN U les, no or unknown) (IF)	S. ARMED FOR	(TES)	-60-05		shirley	St	untz Sa		13 E	I MATE INTERVAL ONSET AND DEA
	7	Canditians, if any, wh gave rise to immedic cause (a), stating	ich (he)	TO, OR AS A CO	L NOM A	OF C	PANDI		AL DISEASE OR CON	DITION GIVI	19-	
2	ERTIFICATION	190 DATE OF OPERATION		CONDITION FOR			AS PERFORMED	حريد ک	200 AUTOPSY?	IN CERTIF	, WERE FINDI YING CAUSES	
9	O	21R. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSH (IF EITHER, NOTIFY MEDICAL EX	OF DEATH HO	TIME OF INJURY UR A.M. MON P.M.		EAR 19		OCCURRE	ENTER NATURE OF INJU	RY IN ITEM 18, PA	ART 1 OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	1174	PLACE OF INJURY OME, STREET, FACTOR			LOCATION		CITY OR TO	WN	COUNTY	STATE
1		226.1 certify that (I) (this saw the deceased of obove, (I) (we) Lond (I) (I) (A Constant of the constant of t	did not) view th	e bady after deat	19 80	, and the	REE ATTEND PHYSIC	ING	nth accurred on the d MEDICAL STA DIRECTOR PHYSIC On St.Si	ate and havi	1/2C DATE	18/ 20
	23a 8	urial, cremation, rem	OVAL 236. DA	29/81			tery or crematon Nati		23d LOCATION GIVONOWN Arling	ton	COUNTY Vi	rgill

STATE OF MARYLAND

DHMH-16 25M (VRA 15, 4) 1/79 Hines/Rinaldi F.H.Inc. 11800-N.H.Ave.Md.

Arlington, county JAN 2 9 1981

126. KIND OF BUSINESS OR INDUSTRY S. Gov t.

., that (I) (we) last

2081 01 300 Det 19 1895 Address was the transfer of the state of the Hanny H. Firtum Ellis Holley Chin The second state of the second state of the second

signed by the ottending physicion and completely filled in by the funeral director, hen please remove carbanpapers. Pages 1 and 2 should be filed within 72 herm after

injury, or other troumatic event, the

should be detached for use as the buriol-tronsit permit. Then please remove with the State Dept. of Heolth and Mental Hygiene prior to buriol, cremotian

IMPORTANT: If Item 21 is marked or Item 18

TO FUNERAL DIRECTOR: After this certificate has been

1	-	FOR STATE REGIS	TR.
D	EC	EASED	N
TY	PE (OR PRINT	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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0	Gua		(III.	-

	- STATE REGISTRAR				CERTIF	ICATE OF D	EATH	REG	6. NO.		
	1. DECEASED NAME (TYPE OR PRINT)	Rona1	d	Richard		ASON		January		1981	26. HOUR 10:45А
1	3. SEX Male		4. RACE Cauca	asian	5. DATE O	d DAY	1938	6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1	70. BIRTHPLACE (STAN NEW YORK	TE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWI	DXX NEVER A	AARRIED	9 BALTIMORE CIT Montgomen	_	TY OF DEATH	MD.
7	Bethesda	FDEATH		HOSPITAL, NURSING FACILITY, GIVE STREET NAVAL				120 USUAL OCCUP			F BUSINESS OR
3	USUAL RESIDENCE (II 136. STATE Virginia	134 COU	PROTHER INSTITUTION INTY Tfax	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Annanda I		13d INSIDE C	ITY LIMITS?	13e. STREET ADDRE		ld Stree	t 22003
8	14. FATHER'S NAME FIRST Richa	rd	MIDDLE Eugene	Maso	n	15 MOTHER'S	FIRST	Katrina	.E	Hillia	rd
3	160 WAS DECEASED (YES, NO OR UNKNOW Yes	N) (IF YES, G	RMED FORCES? IVE WAR OR DATES) -1980	134 28		Wife,		en Mason	, see 1	ine 13	
	Conditions, if gove rise to couse (a), underlying a	IMMEDIA any, which immediate stating the	DUE TO, C	r line for (a), (b), an Sepsis R AS A CONSEOUE Adenoca	NCE OF	ma, sma	11 bowe	el, metasi	tatic	APPROX BETWEEN	IMATÉ INTERVAL ONSET AND DEATH
	PART 2. OTHER			ONTRIBUTING TO I				INAL DISEASE OR C		SIVEN IN PART 10	
2	SHE DATE OF OR	CKATION	178. COND	THOM TOR WINCH	OFERATIO	IN WAS PERFO	KMED	YES NO	IN CER	TIFYING CAUSES YES [

TIFIC	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY? YES NO NO	20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES \(\begin{array}{c} \text{NO} \\ \text{NO} \end{array}	ATH?
CAL CER	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	VN COUNTY	STATE
		Dec	80	Tan 16	81 /	

22a. I certify that (1) (this hospital) attended the deceased from saw the deceased alive on Jan 16 obove 1) (we) (did) (did no) view the bady after death. and that in (ny) (aur) apinion death occurred on the dafe and haur and from the causes stated DEGREE 22c. DATE SIGNED

ATTENDING

27d. PHYSICIAN'S NAME (TYPE OR PRINT) Glenn M. Davis, M.D. 22e ADDRESS National Naval Medical Center, Bethesda, Md.

Jan. 16,1981

STATE

MEDICAL STAFF
DIRECTOR PHYSICIAN

			A second second	del
23g. BURIAL, CREMATION, REMOVAL (SPECIFY) burial		23c. NAME OF CEMETERY OR CREM Arlington Nationa	CITY OR	lington, Virginia
24 FUNERAL DIRECTOR NAME Demaine Funeral I	Concien	6/-		STRAR 256 REGISTRAR'S SIGNATURE

BP. DHMH-16 30M 2/80

(VRA 15, 4)

Service and a recommendation Liste-1930 . With Hall on Lagu, savilled 13

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DHMH - 17 (VR A15 ME (5)) 15M 7/76

	STATE OF MARYLAND															
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M	EDIC/	AL	FX	AA	AIN	JER	15	C	FRT	IFI	CA	TE	OF	DE	ATI	

1 - STATE		MF	DICAL EXAMIN	FR'S C	ERTIFICATE O	E DEATH	0 2	2 2	0
REGISTRAR			MIDDLE	1	AST	20. DATE KNOW	G. NO.	DAY YEAR	26. HOUR
(TYPE OR PRINT)	David	4	Funston Nukkon	Me	stbrook	OF ESTI-		1981	
3. SEX	14. RACE	5. DATE OF BIRTH	6. AGE (IN YEA	RS IF UND	DER 1 YR. IF UNDER		MINOW	DAY YEAR	12:3
Male	White	Sep. 20,	1897 83 YR	MONTH	DAYS HOURS	MIN PRONOUNCED DEAD	7/4	19 81	P. M
To RIPTHPI ACE	(STATE OR	76. CITIZEN OF WI	HAT COUNTRY?	8		9. BALTIMORE C	ITY OR COUNTY		I • M
Washing	aton. DC	US	Δ	WIDOWE	D NEVER MARRI		omery Co	untv	
10. CITY OR TOW		11. NAME OF HOS	PITAL, NURSING HOME,			120. USUAL OCCUPATION		76, KIND OF BU OOR FUDUST	MD
Silver	Spring		cility, give street address) eneagles Dri	Te :	#2D	Retired			
USUAL RESIDEN	CE (IF IN NURSING HOME	OR OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADMISSIO	ON)				eiswr	eld
Marylan	13b. COUN	gomery	Silver Spr		AESXX NO [3398 Glenea	cles Dri	We #2D	,
14. FATHER'S NA		gomer y	Intract phr		15. MOTHER'S MAIDE	N NAME	SICS DII		
Will:		MIDDLE	LAST		FIRST	MIDDLE	To	i orb le i +	- 0
	SED EVER IN U.S. AR	MED FORCES?	Mastbro		Helen	vife) ADD	DRESS	ighkit	.e
(YES, NO, OR UN		WAR OR DATES)	577-09-739	96	•		- (camo	20 120	. 1
	E OF DEATH (Enter on			70	neren_1.	Mastbrook-	Same	A APPROXIMATE	
PARTI	DEATH WALL CALLER	DRV		die!	disaasa			BETWEEN ONSE	I AND DEATH
11.	S G IMMEDIA		cute myocard		arsease				
	itions, if ony, which	01	nronic myoca		disease			Year	
	rise to immediate		AS A CONSEQUENCE O		L UISCASC.			Tear	5
lying	cause last.								
PART 2 OTNE	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMI	INAL DISEASE	OR CONDITION GIVEN IN PA	RT 1 (a)			
			Nor						
NO THE TOTAL THE	OF OPERATION	19b. CONDI	TION FOR WHICH OPER		AS PERFORMED?			20. AUTOPSY?	?
E N	ne	7 4 2						YES 🗆	NO M
210. EXTER	RNAL CAUSE WAS	21b. TIME O			W INJURY OCCURRE	D (ENTER NATURE OF INJURY IN I	TEM 18 PART 1 OR PART	(2)	
UNDERLY	ING OR UTING CAUSE OF		A. MONTH DAY YEAR A. 19		N	one			
21d INJUR	RY OCCURRED	21e. PLACE	OF INJURY (AT HOME,	21f. LOC	ATION				
WHILE AT WORK	NOT WHILE	STREET, FAC	TORY, FARM, ETC.)	ST	REET	CITY OR TOWN	COUP	117	STATE
		7.0				Inquiry X			
	. ,		scribed obove, held an	Autops			ond in my api	nion	
death re	sulted from: Notu	rol couses X.	Accident , Sui	icide 🔲. >	Homicide	Undetermined manner			
ACTUAL		P. D.	U 500	en	Deputy	MEDICAL EXAMINER	DATE	1/5/8	17
SKINATU)	2
EXAMINE (TYPE OR	PRINT) John	n S. Roger	rs. M.D.		ADDRESS Silv	Seminary Ro er Spring, M	ontgomer	y, Md.	
	MATION, REMOVAL		23c. NAME OF CEA	METERY OF	CREMATORY	123d LOCATION			TATE
(SPECIPOUT	i i	-6-1981	Cedar Hi	111 (Cemetery	Suitland	Pra Ge	orges	Md.
24. FUNERAL DI	RECTOR E. Pu	mphrey	Inc., s	mit	25a. DATE	AN 8 REGIL 98 256	REGISTRAR'S ST	GNATURE	/

8434 Ga. Ave., S.S. Md.

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	may be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H

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2521

1	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. No	0.		
	1. DECEASED NAME FIRST (TYPE OR PRINT) May	jorie	Louise		Matthews	January 2		B1	9:00 P
	3. SEX Female	4. RACE White		5. DATE O	DF BIRTH DAY 1917 YEAR	6. AGE (IN YEARS LAST BIR	^	AONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
1	O. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Kentucky		WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED	9. BALTIMORE CITY O Montgomer		OF DEATH	MD
1	10. CITY OR TOWN OF DEATH Bethesda	Bethesda 11. NAME OF HOSPITAL, NURSING THE CT THE COLUMN GREET CO.				120. USUAL OCCUPATION OF WORK FOR MOST OF THE TOTAL PROPERTY OF TH	ON F WORKING LIFE	126 KIND O INDUSTRY Home	PF BUSINES\$ OR
	Tidl Fluid		13c. CITY OR TOWN Kensing	N	13d. INSIDE CITY LIMITS? YES X NO [130 STREET ADDRESS 4512 Dres	den Si	treet	
0	14. FATHER'S NAME FIRST Harry	MIDDLE	Weber		Nellie	ME		Dunkh	orst
		RMED FORCES?	578-40-0		Lieut. Rober	t Matthews,		t. Irwi	n, Cali
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one couse per ED BY: ATE CAUSE (a)	line for (o), (b), and Cardiac	Tampo	nade (Post	MORTUM)		APPROXI BETWEEN	IMATE INTERVAL ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)	R AS A CONSEQUE Metastati R AS A CONSEQUE	ic ad	enocarcinoma c	of breast		2 yrs	5.
	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVI	EN IN PART 10	01
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES X NO□	20b. IF YES IN CERTIF	, WERE FINDIN YING CAUSES S [X	NGS USED OF DEATH? NO
	00 000 100 100 100 100 100 100 100 100	HIAS	DF INJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART 1 OR PART 2)	
	OR CONTINBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY OR TO		COUNTY	STATE
	220 I certify that XI (this has sow the deceased alive a above XI (ve) (did) (did)			22 Ja	nuary , 19 81 nd that in (m) (our) apinion (that (we) last causes stated
	22b. SIGNATURE	VI, view ine oody	Man.		DEGREE ATTENDING	MEDICAL STAI		22c. DATE	29/81

should be detoched for use as the burial-tronsit permit. Then with the State Dept. of Health and Mental Hygiene prior to b TO FUNERAL DIRECTOR: MPORTANT: If Hem 21 is TO HOSPITAL DHMH-16 30M 2/80

(VRA 15, 4)

morked ar Item 18 sh

230. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE 2/2/81 Burial

224. PHYSICIAN'S NAME (TYPETER PRINT)

NIVASAW-0

231 NAME OF CEMETERY OR CREMATORY Arlington National

Institutes of Health, Bethesda, Md 23d LOCATION
CITY OF TOWN
Arlington

The Clinical Center, National

Va STATE Arlington

14. FUNERAL DIRECTOR Tyson Wheeler Funeral Home
1331 Rockville Pike Rockville, Maryland 20852 236 OFE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

		Yes Yes	
			TO MAIN
		9224 216	
el He		146.5	W. W. T.
	W 13	÷	
4			

	1. DE	FOR STATE REGISTRAR CEASED NAME FIRST	DEPAR	TMENT OF HEALTH AND M CERTIFICATE OF DI	EATH	REG. NO.	DAY YEAR	2b HOUR
deoth deoth	(TYP	E OR PRINT) Ant	hony	Mozzei		1	/28/81	12/5
. 0	3. SE		4 RACÉ	5. DATE OF BIRTH	6 AGE	(IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24
otos		male	White		1897	83 YF		
10 20 00		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER M.	ADDIED !	IMORE CITY OR COU	1	
thing d		New York ITY OR TOWN OF DEATH	U. S. A.	WIDOWED DIVE		ntgomery	12b. KIND O	E DI ICINIEC
by the filed wi	9	bilver Spring	HOLY Cross	Hospital	(TYPE OF	work for most of working the Month of the Mo	G LIFE) INDUSTRY	P BOS INES
filled in ould be		STATE NI COU				EET ADDRESS		
should should		Md. Pri	nce GedBowie	- A	MAIDEN NAME	09 Carvel	Lane	
mplete ond 2	14. 1	Nichols	MIDDLE LAST	FI	IRST	MIDDLE	LAS	
		WAS DECEASED EVER IN U.S. AL			<u>Concetta</u>	ADDRESS	Un 2001 F1	
Poges 7		YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES) 025-05	-8124 John	McManus	F H AVA	.Brookl	
gned by the ot n please remov burial, cremati ry, or other trai		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OB AS A OR SEO (c) CONDITIONS CONTRIBUTING TO	is & cleso to	C VASO	ulas de	MALA IN PART 100))
15 Per 15 Si	NO.							
hos been it permit. I iene prior nows ony ii	CERTIFICATION	190 DATE OF OPERATION		H OPERATION WAS PERFOR	MED 20a A	IN CE	YES, WERE FINDIN RTIFYING CAUSES YES	
tificate il-transit ool Hygie m 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	URY OCCURRED (ENT	ER NATURE OF INJURY IN ITEM	18 PART OR PART 2)	
ding ph is certif buriol-t Mental or Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION	N			
After the os the olth and marked o	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	. FARM, ETC) STREET		CITY OR TOWN	COUNTY	STA
pital or TOR: Af for use o of Health		220.1 certify that (I) (the saw the deceased alive or	attended the deceased from	01	, 19 <u>19</u> , ta_	28 JAN urred on the date and	01	that (I) (
DIREC oched Dept. If Item		22b. SIGNATURE	A get	a Timb	TENDING MEDIC	CAL STAFF	22c. DATE	SIGNED
TO FUNERAL Should be deterwith the State		22d. PHYSICIAN'S NAME (TYPE O	DR PRINT) GOODS	HOME 230	9 SHOW	STAFF TOR PHYSICIAN	er who	ATOL
S Of T A	1	BURIAL CREMATION REMOVAL	23h DATE 236	NAME OF CEMETERY OR CE	EMATORY 23d I	OCATION	.,,	

TO HOSPITAL OR ATTEI BP

DHMH-16 30M 2/80 (VRA 15, 4)

23a. BURIAL. CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

COUNTY STATE

Brooklyn. N.Y. Cemeter 24. FUNERAL DIRECTO Pumphrey

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icate be executed within 24 hours after

STATE OF MARYLAND

	CEASED NAME	FIRST		MIDDLE	· ·	AST	20. DATE OF DEATH	MONTH	DAY YEA	R 2b.	HOUS
(TYPE	ORPRINT) FR	PANCE	E \$	F. M.	CCL	.oskt		TAN. 2	23 8	19	55
3 SEX	X		ACE		5 DATE O		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 Y		UNDER :
	- EMALE		WHIT	E	OCT	2. 1932 YEAR	48	YRS.	MONTHS D	AYS HO	DURS
	RTHPLACE (STATE OR FOR	REIGN 76 C	CITIZEN OF	WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	1	
	MARYLAND		U.S.A		WIDOWE		MONTGON	MERY			
10 CT	ITY OR TOWN OF DEAT			HOSPITAL, NURSING		ROTHER INSTITUTION	12e USUAL OCCUPA	MOITA		D OF BU	JSINE
	WHEATON			PARKER AV			SECRET		N N		DE
USUA 13a S	AL RESIDENCE (IF NURSIN	IG HOME OR OTHE	ER INSTITUTION	GIVE RESIDENCE BEFORE		134. INSIDE CITY LIMITS?	13e STREET ADDRES	S			. 9
MA		MONTGO	MERY		RING	YES 💢 NO	10815 NOL		DRIVE		
14. FA	ATHER'S NAME	MIDDE	LE	LAST		15. MOTHER'S MAIDEN NA	ME			LAST	
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	VAS DECEASED EVER IN	N U.S. ARMED		166 SOCIAL SECUR	RITY NO.	17 INFORMANT	SISTER ADD	DRESS 280	04 PAR	KER	
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		ediote	DUE TO, O	METAS R AS A CONSEQUER R AS A CONSEQUER	NCE OF	IC ADENO				8 m	
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20901

STIVER SPRING MD.

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death retained by the hospital or attending physician.

THERESE IN THE SECRET STREET STREET Maria Control of the Control of the

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low vetoined by the hospital or attending physician.

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FOR

STATE	OF	MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0 2 5 3 0

	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	1. DECEASED NAME FIRST NAME FIRST NAME	TER J.	ME COMB	20 DATE OF DEATH MONTH	19 1981 13
7	3. SEX MALE	1. RACE WHITE	5 DATE OF BIRTH OCT. 24, 1885	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS A
99	7a. IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTS		9 BALTIMORE CITY OR COU	NTY OF DEATH
190	TAKOMA PARK	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI	RING HOME OF OTHER INSTITUTION REEL ADDRESS NURSINGE HOME	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK!) Ph_D. Colum	
BL	USUAL RESIDENCE (IF NURSING HOME 13a STATE 13b CO Maryland Mc	UNTY 13c. CITY OR TO		13e STREET ADDRESS 7600 Flower	College. Ave.
150	14 FATHER'S NAME FIRST	MIDDLE M CO	15 MOTHER'S MAIDEN NA	AVAILABLE.	LAST
medical	160 WAS DECEASED EVER IN U.S., (YES, NO OR UNKNOWN) (IF YES, C	IVE WAR OR DATES)	ECURITY NO. 17 INFORMANT	Silver s	pring, Md. onevhill Dr.
ury, or other tra			QUENCE OF LL (M) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ninal disease or condition	GIVEN IN PART 110
ows ony in	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED		FYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH YES NO
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH HOUR A.M. MONTH	DAY YEAR 19 21f. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM	N 18, PART 1 OR PART 2)
arked	AT WORK	(AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATI
If Item 21 is m	220.1 certify that (1) (the saw the deceased alive obove, (1) (we) (did) (did 22b. SIGNATU =	portal) attended the deceased from 100 / 000 / 1	DEGREE ATTENDING	death accurred on the date and	22c. DATE SIGNED
IMPORTANT: II	22d, PHYSICIAN'S NAME (TYPI SM 17H S. H.	ORPRINT)	PHÝSICIAN (22e. ADDRESS 8323 H	addom DR. Tab	como PK md.
≤	23a. BURIAL, CREMATION, REMOVA ISPECIFY) Burial.		36. NAME OF CEMETERY OR CREMATORY 84 Ft. Lincoln.	Bladensburg	Ra. P. Georg

DHMH - 16 50M 1/76 (VR A 15 (4))

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b	O MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, THE PROPERTY OF THE CEPTIFICATE WRITING THE WORD "PENDING" IN PENCIL IN 17FM 18. GIVE PAGES 1, 2, AND 3, TO THE FUNERAL DIRECTION.	CONTROL OF THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FETCH	D FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 HENDER	Mais	ULIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL
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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	THIN 2	ER ALC	NSIT PE	L HYGI	OVAL.
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	AMINE	BE F	ECTOR	TH THE	(LAND)
	AL EXA	HOULD	AL DIR	TH, WI	ALTMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.
	MEDIC	E 4 SI	FUNER	ER DEA	MORE
	0 4	0	0	TE	H

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE REG. NO REGISTRAR DECEASED NAME 20. DATE KNOWN TO MONTH ESTI-(TYPE OR PRINT) Robert Alexander McConnell DEATH MATED 1981 6. AGE (IN YEARS | IF UNDER 1 YR. 4. RACE S. DATE OF BIRTH IF LINDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 1981 Feb. 6, 1908 DEAD Male White Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED USA Pennsylvania WIDOWED [DIVORCED Montgomery County 20 USUAL OCCUPATION TYPE OF WORK UZE SND OMA DIESS 10. CITY OR TOWN OF DEATH I. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Retired Retired Service 614 Sligo Avenue, #104 Silver Spring SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d, INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b COUNTY YES X NO 614 Sligo Avenue, #104 Montgomery Silver Spring Maryland 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME LAST MIDDLE McConnell Jane Orr Alexander Mary 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 7. INFORMANT 619 Hartman Avenue, YES, NO, OR UNKNOWN) I HE YES, GIVE WAR OR DATES) 166-09-5515 Harry C. Foltz-Temple, Penna. 19560 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial disease DUE TO, OR AS A CONSEQUENCE OF ndimons, if any, which Years (b) chronic myocardial disease. gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 None 19g. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28. AUTOPSY? YES NO X None 71g EXTERNAL CAUSE WAS 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 16. TIME OF INJURY HOUR A.M. MONTH DAY YEAR LINDERLYING OR CONTRIBUTING CAUSE OF DEATH None 21e. PLACE OF INJURY (AT HOME, III. LOCATION 21d, INJURY OCCURRED STREET, FACTORY, FARM FTC 1 CITY OR TOWN COUNTY STATE WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Natural causes Accident Hamicide . Undetermined manner death resulted fram: TITLE (SPECIFY) Deputy SIGNATURE 1919 Seminary Road ADDRESS Silver Spring, Montgomery, Md. John S. Rogers, M.D. TYPE OR PRINT 23c, NAME OF CEMETERY OR CREMATORY BATPE-Philadelphia Penna. Hillside Cemetery Burial Warner Pumphrey, Inc., 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE **DHMH-17** DE 8434 Ga. Ave., S.S. Md.

(VR A15 ME (5)) 15M 7/76

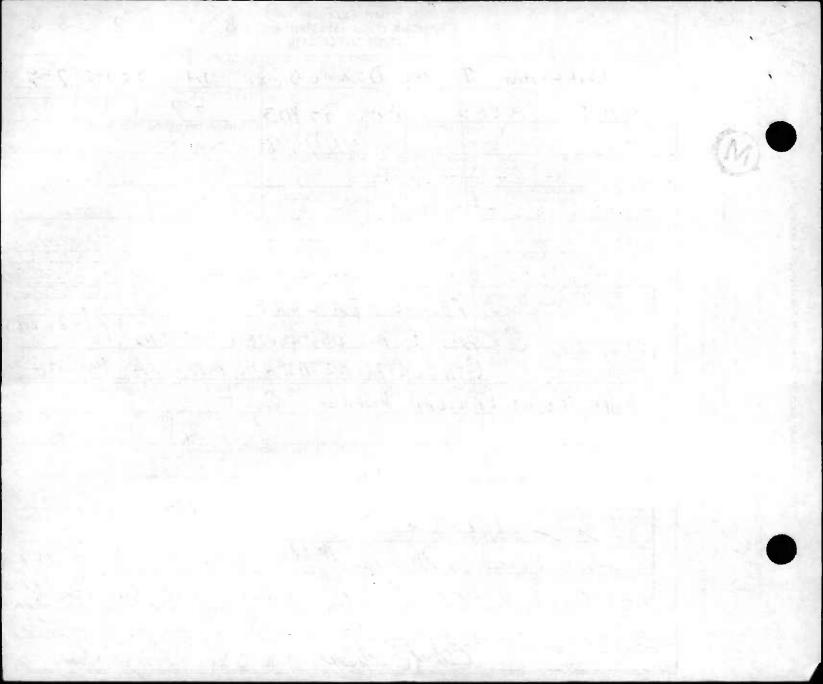
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1	FOR STATE REGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG IFICATE OF DEATH	SIENE 8	0 2	5 3
	ECEASED NAME FIRST	MIDDLE	LAST . L	2e DATE OF DEATH	MONTH DAY YEAR	25 HOUR
3. SI	Elear	I RACE IS DATE	ormick		01-05-81	AR IF UNDER 24
3. 5	_	MON		& AGE (IN YEARS LAST BIRT	MONTHS DA	
20.7	BIRTHPLACE (STATE OR FOREIGN	Caucasian 8	-29-04	BALTIMORE CITY O	R COUNTY OF DEATH	
	Penna .	U.S.A. MARRI	ED NEVER MARRIED	1	mere Ca	
	IVERSPRING	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH PROJECT) ROSS	OR OTHER INSTITUTION	120 USUAL OCCUPATE	ON 12h. KINI F WORKING LIFE! INDUSTI	of Business Matory
35 130	JAL RESIDENCE IF NURSING HOM STATE	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION UNITY 134 CITY OR TOWN HYALLSVILLE	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 6500-R1	ggs Rd.	net.
by The	Patrick	J. Dougher	IS MOTHER'S MAIDEN NA		Fu Fu	ery
2 160	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES, C	ARMED FORCES? 166 SOCIAL SECURITY NO THE WAR OR DATES) 193-28-5826	17 INFORMANT	ADDRE		airway eld,Co
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CATION	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost		T NOT RELATED TO THE TERM		DITION GIVEN IN PART	DINGS USED
6 Interpretation	Conditions, if ony, which gove rise to immediate cause (0), stating the underlying cause lost PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUENCE OF (c) T CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	NIMAL DISEASE OR CONF	DITION GIVEN IN PART	DINGS USED
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

FOR STATE

(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	11		REGISTRAR			MEDICAL	EXAMINE	EK 2 C	EKIIFIG	LAIE	IF DEA	п	REG. N	10.		
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0	TO MEDICAL EXAM EXECUTE THE CERTIF PAGE 4 SHOULD BI TO FUNERAL DIREC AFTER DEATH, WITH BAITIMORE, MARYLA	23a. E	URIAL, CREMA	TION, REMOVAL 23	DATE CO TUE	23c.	NAME OF CEM	ETERY OR	CREMATO	RY	23d. LO	CATION		COL	JNTY S	TATE
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	(VR A15 ME (5))	III	NAME NATE C 1						L	FE	RE	1001	1	troops	y During	7
	15M 7/77	nu	HES, 1	P.A., B	ernes	sua, Ma	aryland	1		1 4	D 6	1001	- 6	- /		/

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

REGISTRAR		CERTIFICATE OF	DEATH	REG. N	١٥.			
DECEASED NAME FIRST IYPE OR PRINT] Martha A	. McGinn	LAST		January	_	981	6:34pg	
SEX	4 RACE	5 DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DAYS		
hemale	white	Apr. 4	1890	90	YRS	MONTHS DATS	Mary Mary	
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	? B MARRIED NEVER	MARRIED X	9 BALTIMORE CITY Montgo		Y OF DEATH		
owa	USA	WIDOWED	ONORCED [riorrege	MCLY		ME	
Olney	Montgomery Montgomery	General Ho		120 USUAL OCCUPA (TYPE OF WORK FOR MOST Executive	OF WORKING LI	FE) INDUSTRY	OF BUSINESS OR	
SUAL RESIDENCE (IF NURSING HOME OF 18 STATE 136 COUR Maryland Mond FATHER'S NAME		Spring YES	CITY LIMITS?	13e STREET ADDRESS 15301		Orchar	d Drive	
	McGinn		Margar	MIDDLE		Fagan	AST.	
WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SEC E WAR OR DATES] 340-10-		ide M. Me		e94523 Luer S	Kelms.	cot Dr. Md.	
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T	CLERATIC		-	Posl			
PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO			20a AUTOPSY?	20b. IF YE	S, WERE FINDI	INGS USED	
21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.			njury occurr	YES NO YES NO				
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.] 211 LOCAT STREE		CITY OR TO	NWO	COUNTY	STATE	
sow the deceased alive on	tol) ottended the deceosed from 19 11 view the body ofter deoth.	ond that in (m)	y) (our) opinion d	eoth occurred on the	dote and hou		, that (12 we) lost e couses stated E SIGNED	
22d PHYSICIAN'S NAME (TYPE O	tato	22e, ADDRE	1610	MEDICAL ST.	AFF ICIAN 🗌	1/4/	181	
A- ROTSZ		370	1, 10-8-	spring?	3/12	ud.		

should be detoched for use os the buriol-tronsit permit. Then pleos with the State Dept. of Health and Mental Hygiene prior to burial, IMPORTANT: If Item 21 is morked or Item 18 shows ony TO FUNERAL DIRECTOR: retoined by the hospitol TO HOSPITAL

After this certificate has been

ATTENDING PHYSICIAN: The low

DHMH - 16 50M 1/76 (VR A 15 (4))

230, BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** 23b. DATE

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FOR

RossmoonBlud 23c NAME OF CEMETERY OR CREMATORY

Silver Spring

Mont.

STATE Md.

Burial Jan 6, 1981 G.
24. FUNERAL DIRECTOR Francis J. Collinguess Gate of Heaven 500 University Blvd., W. Silver Spring, Md.

JAN TE REC'D. BY REGIS

GISTRAR'S SIGNATURE

. . . Apr. 1 1899 ne The Later and States and Secretary formand Components Silver Section 1991 Fire Onthered Chive Dillow and the manager of the way was that all the

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injury, or other traumatic

should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

IMPORTANT: If them 21 is marked or them 18 shows

TO FUNERAL DIRECTOR: After this certificate has been

OR ATTENDING PHYSICIAN: The or offending physician

retained by the hospital

TO HOSPITAL

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	REGISTRAR			VEI ARTI	CERTIF	ICATE OF DE	ATH		REG. N	10.				
	CEASED NAME	FIRST		MIDDLE		AST		20. DATE O	F DEATH	MONTH	DAY	YEAR	2b. HOUR	
11111	CKPRINI)	OWEN		BERNARD		McGLYNN	, SR.	JAN	15,	1981			7:45P N	
3.58	X		RACE		5 DATE C			6 AGE (INY	EARS LAST BI	RTHDAY)		RIYEAR	IF UNDER 24 HRS	
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	IRTHPLACE (STATE OR F	FOREIGN	L CITIZEN OF	WHAT COUNTRY?	8	D NEVER MA	PRIED [9 BALTIMO	RE CITY	OR COUN	TY OF DE	ATH		
	ENNSYLVANI	A	u.s.	.A.	WIDOWE	/ \	RCED	MO	NTGO	MERY			MD	
10 C	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INSTIT	UTION	120 USUAL (TYPE OF WOR				KIND OI	BUSINESS OR	
	WHEATON			PH HILLS		ING HOME			URIT				.O.L.	
13a :	AL RESIDENCE (IF NUR STATE ARYLAND	SING HOME OR OF THE STATE OF TH	Y	GIVE RESIDENCE BEFORE 13¢ CITY OR TOW ROCKVILL	N	13d INSIDE CITY	LIMITS?	13e STREET 4601		< SH01	RE DI	RIVE		
14 F/	ATHER'S NAME		IDDLE	LAST		15 MOTHER S A		ME	WIDDLE					
				McGLYNN							MCDEF	DERMOTT		
	WAS DECEASED EVER		NED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMAN	T		ADDR	RESS				
L'	YES	WW I		187-03-	3597	OWEN B	. McG	LYNN, .	JR. S	SAME A	AS 13	3	SON	
	18 CAUSE OF DEAT	TH Enter and	one cause per	line far (a), (b), and	d (c).			- 1		— ,	8	APPROXI ETWEEN C	MATE INTERVAL INSET AND DEATH	
	1/4	IMMEDIATE		Massu	n Ju	yt cer	bres	lu	arch	40	2	Lu	recks	
	Canditions, if any	, which	DUE TO, O	R AS A CONSEQUE	uence of arteriosclevosis						year			
	gave rise to im cause (a), stati underlying coust	ng the	DUE TO, O	R AS A CONSEQUE	NCE OF							1		
	PART 2 OTHER SIG	NIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	O THE TERM	INAL DISEAS	E OR CO	NDITION G	IVEN IN F	PART I (a	1	
ON														
CERTIFICATION	190 DATE OF OPERA	TION	IN CERTIFÝIN								VERE FINDINGS USED NG CAUSES OF DEATH?			
	OR CONTRIBUTING	DENT WAS UNDERLYING 21b. TIME OF INJURY RIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19				RY OCCURR	RED (ENTER NA	TURE OF INJI	URY IN ITEM 18	B, PART 1 OR	PART 2)			
MEDICAL	21d. INJURY OCCUR WHILE NOT WAT WORK AT WORK	HILE	21e PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC)	211 LOCATION STREET			CITY OR TO)WN	cou	NTY	STATE	
	220.1 certify that	his hospite	al) attended th	deceased fram	FE	B 7	19.79	, ta	-4	15	. 19	<u></u>	hat (we) last	

above ((we) (did) aid not view the bady after death.

DEGREE 0

PHYSICIAN 22e. ADDRESS

STAFF

22c. DATE SIGNED 16

PA

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

BURIAL

SHARGEL

STATE LUZERNE

20795

DHMH - 16 60M 1/75

24 FUNERAL DIRECTOR FRANCIS J. COLLINSORESS 500 UNIV. BLVD. W. SILVER SPRING MD

236. DATE

/19/81

LATE WILKES BARRE

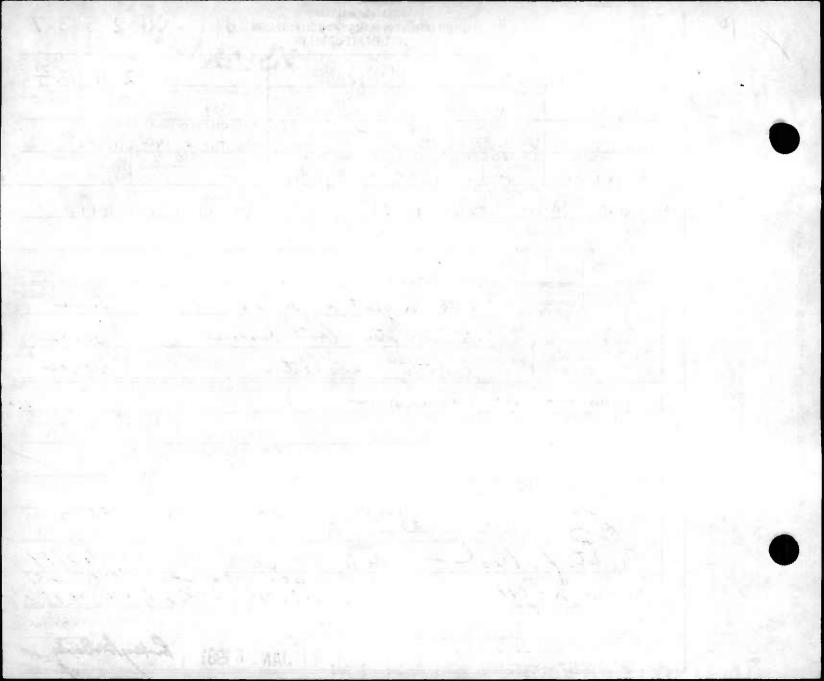
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(VR A 15 (4))

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dentire in retained by the hospital or attending physician.
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16		1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 0 2 5 3 7 CERTIFICATE OF DEATH REG. NO.									
			EASED NAME FIRST		MIDDLE	1/	LAST		24 DATE OF DEATH	MONTH	DAY YEAR	25. HOUR	
/ 福原和	1	CEV	I n	OMAS 14 RACE	Ci] 4	core	en	6. AGE (IN YEARS LAST I	01	12 81	a M	
	1	SEX	MALE	WH	ITF	^		DAY YEAR 28 21	59	YRS.	MONTHS DAYS		
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letely filled in by 2 should be filed in by 2 should be filed in by 3 examined mustice.	5	M	uryland M	ont	SINU	Sprin	A YES [THER'S MAIDEN NAM	13. STREET ADDRES	s. itmo	or Ter	r	
Completed and 2	38		THOMAS	E.	McG	REEN	~	HELEN	MIDDLE		CONNERY	AST	
ages the	1	60 W	AS DECEASED EVER IN U.S. A s, no or unknown) I if yes, gr	RMED FORCES? VE WAR OR DATES)		14-320		CLARA M. I	McGREEN	SAME	AS 13	WIFE	
ending physiciar endon papers. P on, or removal. traumatic event,			PART I. DEATH WAS CAUS	inly one couse pe ED BY. TE CAUSE (a)	r line for (a),	jb, and ic	yeat	we fail	lure		BETWEEN	XIMATE INTERVAL NONSET AND DEATH	
he attendi move carb emation, o			Conditions, if any, which gave rise to immediate	DUE TO, C	orten	SEQUENCE Y	olu	board d	breeze		F	zare	
ed by the ease reririal, cre			underlying cause last.	(c)_	dra	ISEQUENCE OF	-4	ellitu	v			enu	
en sign Then pl or to bu		Z Q	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTIN	IG TO DEATH	BUT NOT RE	LATED TO THE TERM	INAL DISEASE OR CO	ONDITION G	IVEN INPART	loi	
te has be permit.	9	CERTIFICATION	90 DATE OF OPERATION	196 COND	ITION FOR V	WHICH OPER	ATION WAS	PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FIND IFYING CAUSE YES []	INGS USED S OF DEATH?	
physician is certificat ial-transit plental Hygi or Item 18	9	- 1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE)	ATH HOUR A		H DAY Y	21c. HC EAR	OW INJURY OCCURR	RED JENTER NATURE OF IN	IJURY IN ITEM 18	, PART I OR PART 2)		
After this the burish and Me		MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY	OFFICE, FARM, ET		CATION	CITY OR	rown	COUNTY	STATE	
ECTOR:) or use as of Health			22a I certify that (I (this hosp saw the deceased alive a above (I (www.plid) did n	4/1-	-	from (ond that ii	n (aur) opinion o	D. tol	dote and ha		, that (we) lost e couses stated	
by the hosp ERAL OIRE e detached f State Dept.			27h SIGNATURE TO	1,16	el	_	DEGREE	ATTENDING PHYSICIAN		TAFF SICIAN	Th. DAT	12/P/	
retained b TO FUNE should be with the S	/		MILTON K	o CH				SILVE	A SH	GNI	NID	70902	
8P		(5)	BURIAL BURIAL	1/15		GATE	OF CEMETER	Y OR CREMATORY	23d LOCATION CITY OF TOWN SILVER SP	RING_	COUNTY	STATE MD.	
DHMH-16 25M (VRA 15, 4) 1/7			NERAL DIRECTOR FRANCT				200	10	N 1 6 1981	AR 25b. P. (S	BARS	and,	
	-							1/1					



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requires that the death certificate be

OR ATTENDING PHYSICIAN: The law

JO HOSPITAL

retained by the hospital ar ottending physician.

STATE OF MARYLAND

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	1-	STATE REGISTRAR			CERTIFIC	ATE OF DEATH	L HYGIENE C	REG. N	0.	500	
á		CEASED NAME FIRST		DDIE	Mc	Kay		nuary		1981	6:10 a
-	SEX	x Female	4. RACE Caucas		May 2	RTH 29 1895		(IN YEARS LAST BIR	THDAY) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN COUNTRY) Illinois	7b. CITIZEN OF W	States	MARRIED D	NEVER MARRIED	Ma	ntgome			MD
2]	Bethesda	(IF NOT IN SUCH	OSPITAL, NURSING FACILITY, GIVE STREET AD Urban	lospi	THER INSTITUTION	(TYPE OF	JALOCCUPAT WORK FOR MOST O LOUSEW	F WORKING LI		Home
5	130. S Ma		YTY	Bethesd	la 130	I. INSIDE CITY LIMI ES 🔥 NO 🗀		eet address L6 Bra	dley	Blvd.	
C	A	Mark P.		ennin gt o	n	MOTHER'S MAIDE Lulu	N NAME	WIDDLE		Wils	on
		VAS DECEASED EVER IN U.S. AR yes, no or unknown) (if yes, giv	E WAR OR DATES	522-01-6		NEORMANT Joan	n M. W.	allace		Same a	
		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE IMMEDIA	nly one cause per li DBY: TE CAUSE (a)	ne for (a), (b), and (c).)	ardia	e Or	rest		BETWEEN C	MATE INTERVAL ONSET AND DEATH
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	*	BURIAL, CREMATION, REMOVAL (SPECIFC TEMATION) UNERAL DIRECTOR ROBE I	Januar 1981	v 21 23c. NA	ropo	etery or cremat litan Ci	ORY 23d. 1	OCATION CITY OF TOWN	xand		rginia

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physical should be detached for use as the buriol-transit permit. Then please remove carbon appears with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal IMPORTANT: If them 21 is morked or Item 18 shows ony injury, or other troumotic

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE 20 DATE OF DEATH MONTH DECEASED NAME DAY 2b. HOUR TYPE OR PRINTE Denis (NMI AGE /IN YEARS LAST BIRTHDAY INUNDER I YEAR IF UNDER 24 HRS SEX 4 RACE 5. DATE OF BIRTH MONTH MONTHS DAYS Caucasian TO CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN NEVER MARRIED MARRIED L WIDOWED DIVORCED 120 USUAL OCCUPATION (TYPE OF WORKSOR MOST OF WORKING LISE) 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17h. KIND OF BUSINESS OR INDUSTRY Engineer JUSUAL RESIDENCE (IF AURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13CCITY OR TOWN 13e. STREET ADDRESS 134. INSIDECITY LIMITS? ALTUANOEN 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE FIRST ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE AS A CONSEQUENCE OF Conditions, "if ony, which gove rise to immediate couse (o), stoting the OR AS A CONSEQUENCESOF underlying couse lost. TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 19n DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO sho 210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f. LOCATION 21e PLACE OF INJURY 50 714 INJURY OCCURRED STREET CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE

22d PHYSICIAN'S NAME (TYPE OR PRINT)

Lewis N. Cahill

PHYSICIAN DIRECTOR PHYSICIAN ADDRESS

ATTENDING

MEDICAL

STAFF

5411 Cedar Lane, Bethesda, Maryland 20044

236. BURIAL, CREMATION, REMOVAL JANUARY 15, 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE

Mt. Benedict Cemetery West Roxbury Massachusetts

P.A., Rockville, Maryland

P.A., Rockville, Maryland

DHMH - 16 50M 7/77 (VR A 15 (4))

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 mpy be	retained by the hospital or attending physician.
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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral directs should be detached for use as the burial-transit permit, Then please remove corbon papers. Pages I and 2 should be filed within 72 hours much the State Dant of Maulth and standard buriance and the state Dant of Maulth and standard buriance.

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IMPORTANT: If Item 21 is marked at Item 18 shows

FOR - STATE REGISTRAR		STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	IENES	0 2	5 4 0
CEASED NAME FIRST SAGUE	A. M	ChichAE	2a. DATE OF DEATH	4.3	81 7 00
Female /	WHITE	5. DATE OF BIRTH MONTH DAY YEAR 3 2 93	6. AGE (IN YEARS LAST BIRTH	MONTHS YRS.	DAYS HOURS MIN
PENNSYLVANIA	U.S.A.	MARRIED NEVER MARRIED W	9 BALTIMORE CITY OF	IERY	MD.
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STATE 136 COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD TY 13c. CITY OR TOWN GOMERY ROCKVILLE	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 4006 BLACK	POOL ROAL)
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PART 2. OTHER SIGNIFICANT CO	a, organic ba	ATH BUT NOT RELATED TO THE TERMINATION COMME	NAL DISEASE OR COND	113	
190. DATE OF OPERATION	196 CONDITION FOR WHICH OF	PERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C. YES	FINDINGS USED AUSES OF DEATH? NO
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19	ED (ENTER NATURE OF INJURY	Y IN ITEM 18, PART 1 OR P	ART 2)
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM	M, ETC.) 211 LOCATION STREET	CITY OR TOW	VN COUN	NTY STATE
22a. I certify that (1) this hospitor	ol) ottended the deceased from	19 79 Jour opinion d	to the do	ote and hour and fre	thor (IT)(we) lost

sow the deceased alive an above (1) we) (did) (did not) view the body after death 226. SIGNATURE

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CERTIFICATION

MEDICAL

of once

DEGREE

22e ADDRESS

ATTENDING PHYSICIAN MEDICAL DIRECTOR

STAFF PHYSICIAN

22c. DATE SIGNED

22d. PHYSICIAN

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

BURIAL

23c. NAME OF CEMETERY OR CREMATORY

NORTH CEDAR HILL

23d. LOCATION
CITY OR TOWN
PHILADELPHIA

STATE

DHMH-16 60M 1/73 (VR A 15 (4))

FRANCIS J. COLLINS 24 FUNERAL DIRECTOR

23b. DATE

500 UNIV.BLVD., W., SILVER SPRING, MD. 20901

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TO DECEASED NAME The DATE OF DRATE MODITION DAY TEAM TO DATE OF DRATE DAYS TO DATE OF DATE OF DRATE DAYS TO DATE OF DRATE DAYS TO DATE OF DAT	LOCKEASED NAME	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 2 STATE CERTIFICATE OF DEATH REG, NO.	3
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STATE OF MARYLAND

26 HOUR

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&/Market

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STATE

Delaware

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

F.H.Wilmington, Del

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

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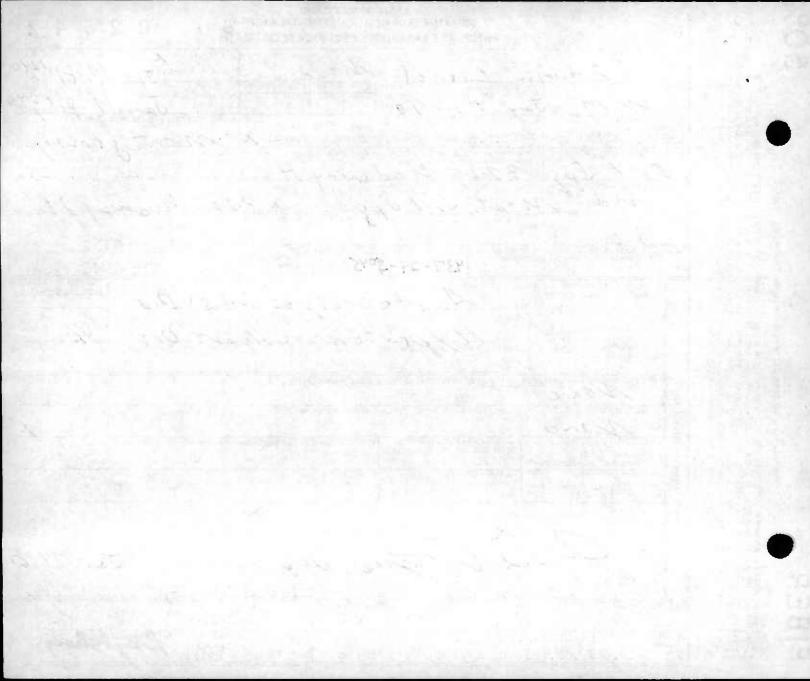
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TOWN ne date and haur and from the causes stated STAFF SICIAN TO FUNE should be with the 9801 CADRIGIA AVID COUDENBERG MO 23e BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 236. DATE (SPECIFY) Wilmington 1-19-81 Riveryiew Cemetery Burial Warner E. Pumphrey, HRICO BY TO STRAP IST. REGISTRAR'S SIGNATURE **DHMH-16 25M** Inchess. (VRA 15, 4) 1/79 8434 Ga. Ave., S.S. Md

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	X	33	ō	3	O V
	A	19	AL	H	A .
	SIC	- 5	1ER	EA	300
	MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECE	THE CANTILLY SET WITH CHIEF WEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR	Funeral director: page 3 should be used as a burial-transit permit. Pages 1 and 2 should be filed, wit	er death, with the state department of health and mental hygiene, division orwital fecords, 301 w.Pr	. IAAA

	15		FOR STATE			OF MARYLAND	O	0 2	5 4 2/
	1.		REGISTRAR		AL EXAMINE	R'S CERTIFICAT		REG. NO	DAY YEAR 12h HOUR
			CEASED NAME FIRST OR PRINT)		/	MesI	20. DATE KNO OF ES DEATH MA	STI-	11 0 1240
	EASE TOR FILES OUR!	3. SEX	4 RACE	S. DATE OF BIRTH	6. AGE IN YEARS	IF UNDER 1 YR. IF UN	IDER 24 HRS. 2c. DATE	MONTH	DAY YUR 2d. HOUR
1	PARE STATE	1.5	un	Jam Day	12 TUDYRS.	MONTHS DAYS HOUR	S MIN PRONOUNCE	Jani	17 108/124
3	ERAL ERAL SEST ZEST	70. BI	RTHPLACE (STATE OR LEIGN COUNTRY)	76. CITIZEN OF WHAT	OUNTRY? 8.	MARRIED NEVER M		CITY OR COUNTY	OF DEATH
	S S S S S S S S S S S S S S S S S S S		USÍANA Y OR TOWN OF DEATH	U.S.A.		VIDOWED [X DIV	ORCED 2	onto	Zh. KIND OF BUSINESS
	AY IS AGE FILED	10. C1	CI-/ C	(IF NOT IN SUCH FACILITY	GIVE STREET ADDRESS)	OR OTHER INSTITUTION	FOR MOST OF WORKING ELECTRICAL	LIFE)	NAVY DEPT.
	3 TOEL		L RESIDENCE (IF IN NURSE OF HO IE O	R OTHER INSTITUTION, GIVE RES	IDENCE BEFORE ADMISSION	way		ENGINELY	NAVY DEFT.
1201	S CENTRAL S	13a. S	MIL MILES COUNTY	nont	Si - Los	13d. INSIDE CITY LIMI	de 0 1	Much	3414
4D. 2	TH. 1	14. FA	THER'S NAME FIRST	WIDDLE	LAST	15. MOTHER'S M	MIDDLI		LAST
RE, N	OC LAND PEA	14 - 14	JESSE G.		EADOWS	O. 17. INFORMANT	MABEL	CR ADDRESS	RUME
IMO	F PA F PA F PA F PA F PA F PA F PA F PA	(YI	***		137-24-S	mus	OTHY MEADOWS	SAME AS	S 13 SON
BAL	WITH WITH PAC DIVIS		NO			1 11/10	TITY MLADOWS	SAME AS	APPROXIMATE INTERVAL
ST.,	RATIONS IN THE INF.		PART I DEATH WAS CAUSED	BY:	Toute	My	1212-120	Dir.	BETWEEN ONSET AND DEATH
STOR	AT PE		4027	DUE TO, OR AS	CONSEQUENCE OF	, /	e flest		11
PR	WITH VCIL MINER MANS MANS MANS MANS MANS MANS MANS MANS		Conditions, if ony, which gave rise to immediate couse (o) stating the under-	(b) DUE TO, OR AS A	Y per	tensix	chert	DIS	915
0 ×	DTED N PEI EXAA SIAL-T MEN OR RI		lying cause last.	DOE TO, OR AS	COINTEGUENCE OF				
05,3	EXECT AG" I ICAL ICAL ION,		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINA	L DISEASE OR CONDITION GIVEN	IN PART 1 to		
CO	PENDIR PENDIR P MED P AS PEALTH REMAT	CERTIFICATION	None						Too was a second
AL R	S ESET	FICA	190 DATE OF OPERATION		FOR WHICH OPERA	'ION WAS PERFORMED?			20. AUTOPSY?
F VII	WORL WORL THE CHID BE L	ERT	210 EXTERNAL CAUSE WAS	216. TIME OF INJ		21c. HOW INJURY OCC	URRED LENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART	
ONO	등로 이용한 P		UNDERLYING OR CONTRIBUTING CAUSE OF I		ONTH DAY YEAR				
VISIC	CERTING TING 3 SH DEPA	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF IN		21f. LOCATION STREET	CITY OR TOWN	COUN	NTY STATE
٥	WRIIS WARD WARE TATE	4	AT WORK AT WORK						
	FOR'S FOR'S PHE ST D, 21		22a. I certify that I took charg	e of the remoins describe	ed obove, held an	Autopsy , Insp	ection Inquiry	, and in my opin	nion
	AMIN RTIFIC BE BE BE TH T YLAN	6	death resulted from:	ol couses Acc	ident , 'Suici		Undetermined manne	er [],	
	IL EXA OULD NI DIR MARY		ACTUAL SIGNATURE	200	(000	M.D. DC		DATE SIGNED	an17.1981
	MEDICAL CUTE THE CUTE THE SE SHOIL FUNERAL ER DEATH,		EXAMINER'S NAME			- 0			
	* C. S. T. T.		(TYPE OR PRINT)	OHN S. ROGE			9 SEMINARY RO	AD, SILVER	SPRING, MD.
5	101	23n. B	BURIAL BURIAL	1/21/81		CEMETERY	ROCKVILLE	MONT	MD .
	BP	24. F	INERAL DIRECTOR FRANCI		S	25a. D	ATE REC'D. BY REGISTRAR	25b. RECO RAR'S SIC	a ATU
	(VR A15 ME (5)) 15M 7/76	50	O UNIV.BLVD., W.	, SILVER SPR	ING, MD. 20	901	TAN 2 2 1981	miny	



Clarke Mattingley, Leonardtown,

STATE OF MARYLAND

FOR

(VR A15 ME (5))

15M 7/77

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1-2	FOR		STATE OF MARYLAND IT OF HEALTH AND MENTAL F	HYGIENE	8	1	
to	REGISTRAR	(ERTIFICATE OF DEATH			REG. N	NO.
1	1. DECEASED NAME FIRST	MIDDLE	LAST	2e D/	ATE OF	DEATH	MC

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OILIVE	0		Cucy			

	REGISTRAR								REG. NO.			
	CEASED NAME OR PRINT)	rest Icha		NODLE	-	n 1/2		2€ DATE OF DE	ATH MONTH	DAY YEAR	26. HO	UR
-				11,	1/ 2000	10/10	<u>n</u>	6. AGE (IN YEARS		F UNDER 1 YEAR	P IF UNDE	P
3. SE:	Male		RACE White		5. DATE O		YEAR OO	80	(ASI BIRIHDAT)	MONTHS DAYS		MIN
	RTHPLACE (STATE OR FO DUNTRY) Mass.	REIGN 7	U.S.	WHAT COUNTRY?			MARRIED [9 BALTIMORE	_			
10 C	TY OR TOWN OF DEA	TH I		OSPITAL NURSIN	WIDOWE	- Const	VORCED	MONTO	omery C	12b. KIND	OF BUSIN	JESS (
Si	Iver Sprin	29	CO/GY	HEACILITY, GIVE STREET	ADDRESS	1/59	Home		R MOST OF WORKIN	G LIFE) INDUSTRY		
13a S	AL RESIDENCE (IF NURS)	131 COUNT	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE 134. CITY OR TOW Burtons	N I	131. INSIDE (NO [13e. STREET ADI		ock Way		
14. FA	THER'S NAME	/ / / 5				15. MOTHER	S MAIDEN NA	ME				
	Edwin			Davis		Ade		, , , , , , , , , , , , , , , , , , ,	IDDLE	Lods	AST	
	VAS DECEASED EVER ((ES, NO OR UNKNOWN) Yes		VAR OR DATES)	270-30-		17 INFORM	ANT		ADDRESS			
	IL CAUSE OF DEATH	1 (Enter only	one couse per							APPRO BETWEEN	XIMATE INTI	ERVAL D DEA
	PART I. DEATH W.	AS CAUSED	BY:	cardi	pula	nesare	, 91	rest		m.	mut	0
	11200	MMEDIATE	CAUSE (a)		7	7		1 000			-,,	_
	000/		DUE TO, OI	SPAS	40.00					h	BUN	2
-	Conditions, if any,		(b)	- CF3	13		_			-		_
	cause (a), stating		DUE TO, OI	R AS A CONSEQUE	ENCE OF							
			(c)									
7	PART 2 OTHER SIGN							INAL DISEASE O	RCONDITION	GIVEN IN PART 1	(a)	
ē				oma, to								
CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	DRMED	200 AUTOPS		YES, WERE FIND RTIFYING CAUSE YES [ATH?
	218. ACCIDENT WAS UND	AUSE OF DEAT		M. MONTH DA		21c HOW II	JURY OCCUR	RED (ENTER NATUR	OF INJURY IN ITEM	18, PART 1 OR PART 2		
MEDICAL	(IF EITHER, NOTIFY MEDICA 71d INJURY OCCURR		21e PLACE		19	21f LOCAT	ON		76.7			
ME	WHILE NOT WH	ILE [EET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CII	TY OR TOWN	COUNTY		STATE
	220.1 certify that	his haspite	al) attended th	e deceased fram_	20	nuary	719 81	, ta	an. 12	19 8/	, that (1)	(we)
	saw the decease abave (I) (we) (d	d alive an	Jan	7 19 0	P1 . ar	d that in my	(aur) opinian	death accurred a	n the date and	haur and fram th	e causes s	tated
	22b. SIGNATURE	id) (did not	view the bady	after death.		DEGREE				22c DAT	E SIGNED	5
	m	ana	in Chr	ung.	ms	7	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	1/1:	2/8/	1
	22d PHYSICIAN'S NA	ME (TYPE OR	CHUI	ug, mi	0	220 ADDRE 344		sty Blu	d., W.	SilverSpr	ing,1	ne
23a	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c	NAME OF C	EMETERY OR	CREMATORY	23d. LOCATIO	DN WN	COUNTY	.5	TATE
,	Remova	1	1/12/	81								

DHMH-16 25M (VRA 15, 4) 1/79

INPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be portived at TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

> 24 FUNERAL DIRECTOR Anatomy Board

ADDRESS Balto., Md.

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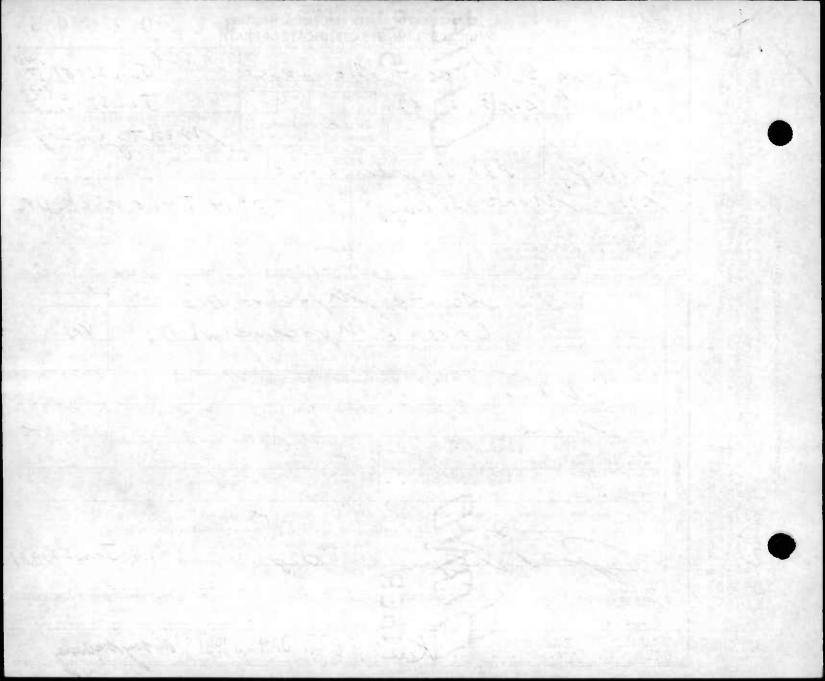
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-1		OR			DEPARTMENT (OF HEALTH	I AND WENTALH	YGIENE	0	2 5 4	3
	- S	EGISTRAR		ME	DICAL EXAM	INER'S	CERTIFICATE O	F DEATH	REG. NO.		
	I. DEC	EASED NAME	FIRST		WIDDLE		LAST	20. DATE	KNOWN TO MONTH	DAY YEAR 2b.	HOUR
	(TYPE	OR PRINT)	1. has	+ 11	1-100	1 1	10- 20-	OF DEATH	MATED T	210 81	7
	. SEX		1. RACE	5. DATE OF BIRTH		IN YEARS IF UN	NDER 1 YR. IF ONDER	24 HRS. 2c. DATE	MONTH	DAY YEAR 2	HOUR
1	1	m	11/	MONTH DAY	12 LAST BI	RTHDAY) MONT	HS DAYS HOURS	MIN PRONOUN DEAD	ICED TZ	2210 F1	50
11		THPLACE IST	ATE OR	76. GTIZEN OF W	VHAT COUNTRY?	10	IED NEVER MARRIE	9 BALTIM	ORE CITY OR COUN	TY OF DEATH	
51	-	ennsvl	vania		JSA		VED DIVORCE		nont	somer	MD.
\exists	10. CIT		OF DEATH	11. NAME OF HO	SPITAL, NURSING H	OME, OR OTH	ER INSTITUTION	120 USUAL OCCUP		12b KIND OF BUIN OR INDUSTRY	ESS
0		5-1	Spc-	0-7	ACILITY, GIVE STREET ADDR			ror most of wor	_		ovt.
Z		RESIDENCE	IF IN NUMBER OF		GIVE RESIDENCE BEFORE AD	MISSION)	13d. INSIDE CITY LIMITS?				٠.٠.٠
5	13a. ST	ME	13b COUNT	ront	13c. CITY OR TOW	Pogi	YESXX XXXX	3914	Tyne	wick	74.
1	14. FA	THER'S NAME		MIDDLE	LAST	00	15. MOTHER'S MAIDE	N NAME	IDDLE	LAST	
20		Richa	rd		Menapace		Joseph	nine		Growski	
	16a. W	AS DECEASED	DEVER IN U.S. ARM		16b. SOCIAL SEC	URITY NO.	17. INFORMANT (V	vife)	ADDRESS		
		no			- 184-05-	-6439	Mary Jane	Menapa	ce- (sam	ne as 13e)
					ne far (a), (b), and (c).	.)			/	APPROXIMATE INT. BETWEEN ONSET AN	ERVAL D DEATH
-1	5.7	PARTIDE	ATH WAS CAUSED IMMEDIATI	BY: CAUSE (a)	Acut	2/	myacz	vd DI	5.		
F_{i}		429	1/		R AS A CONSEQUEN	ICE OF			1 ,		
			ns, if any, which	(b) C	hron	10/	nyoca	vella	1 Dic.	YN	
111		cause (a)	stating the under-	DUE TO, O	R AS A CONSEQUEN	ICE OF					
		lying cau	se last.	(c)							
		PART 2 OTNER SIG	GNIFICANT CONDITIONS C	ONTRIBUTING TO DEAT	N BUT NOT RELATED TO THE	TERMINAL OISEA	SE OR CONDITION GIVEN IN PAR	T 1 (a).			
	N	1,1174	100	ne							
	IFICATION	190. DATE OF	OPERATION		ITION FOR WHICH O	DPERATION V	VAS PERFORMED?		W 63 8	20. AUTOPSY?	
2	IFIC		No.	20						YES 🗆 N	10.50
3	CERT	210 EXTERNA	L CAUSE WAS	21b. TIME C			OW INJURY OCCURRED	CENTER NATURE OF IN.	JURY IN ITEM 18 PART 1 OR I	PART 2)	
0		UNDERLYING	OR OR		M. MONTH DAY						
	MEDICAL	214 INILIPY C	CCLIPPED		OF INJURY (AT HOA		CATION				
	W	WHILE	NOT WHILE AT WORK	STREET, FA	ACTORY, FARM, ETC.)		STREET	CITY OR TO	WN	COUNTY	STATE
516		AT WORK	ATWORK								
		22a. I certif	fy that I taak charge	of the remains d	escribed abave, held	an Autor	osy [, Inspection	Inquiry	, and in my	apinian	
		death results	ed fram: Nature	al causes	Accident L.,	Suicide	, Hamicide .	Undetermined mo	anner,		
		ACTUAL	-/	11			TITLE (SPECIFY)		DAT	17 - 2.1	1001
-		SIGNATURE	The same of	1.0	California		A.D. Deg	MEDICAL EXAM	AINER SIGN	in one	981
2	and the	EXAMINEDS	NAME _		~	600					
		TYPE OR PRIN			Rogers, I				ing, Mar	yland	
	230.BL	JRIAL, CREMA	TION, REMOVAL 2	b. DATE	23c. NAME OI	F CEMETERY (OR CREMATORY	23d, LOCATION CITY OR TOWN		DUNTY STATE	
		Buria	1 1	-26-198	31 Gate	of Hea	ven	Silver	Spring M	Montgomer	y_Mc
	24. Ft	Varner	E. Pum a. Ave.	phrey	Inc.	1/1/	1	N 2 9 1991	K 1200. KEPPSTRAR'S	SIGNATURE	1.00
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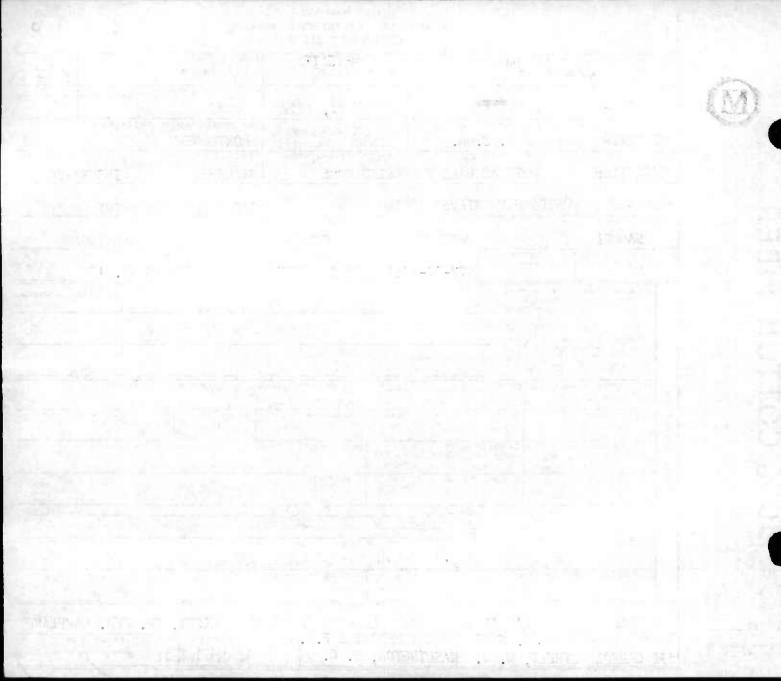
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer sined by the hospital or ottending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the found be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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. PRESTON	the death o	FUNERAL DIRECTOR. After this certificate has been signed by the ottending physici buld be detached for use as the burial-transit permit. Then please remove carbon papes In the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.
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ral recor	The low re	sit permit. I giene prior
ON OF VII	HYSICIAN:	burial-tron Mental Hy
DIVISI	HOSPITAL OR ATTENDING PHYSICIAN: The lined by the hospital or attending physician.	DR: After the use os the Health and
0	AL OR ATT	at DIRECTC etoched for te Dept. of
	HOSPITA	FUNERA

STATE OF MARYLAND

	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	REG. NO.	0	2 5	4	6
		ORPRINT) ABROAT	RAHAM	MIDDLE	Me	ASIMETELITS FalitS	20. DATE OF DEATH MO	NTH DAY	YEAR	26 HOUR	
	3. SEX	MALS	4 RACE WHITE		S. DATE C	ST 22, 1892	6 AGE (IN YEARS LAST BIRTHD)		UNDER I YEAR	HOURS	MIN.
	VI	RTHPLACE (STATE OR FOREIGN	u. s		WIDOWE		9. BALTIMORE CITY OR C MONTGOMERY				MD.
	RO	TY OR TOWN OF DEATH	POTOMAC			OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO SALESMAN		126. KIND OI INDUSTRY INSUR		SS OR
1	MAR	AL RESIDENCE (IF NURSING HOME OF TATE YLAND WONTG		GIVE RESIDENCE BEFORE 134. CITY OR TOW STLVER SP		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 10500 TENBRO	OK DI	RIVE		
4		SAMUEL	MIDDLE	METELITS		15. MOTHER'S MAIDEN NAI ESTHER	MIDDLE	Mŧ	ELNIKO	FF	H
	16a. W	VAS DECEASED EVER IN U.S. AR ES. NO PRUNKNOWN) (IF YES, GIV	MED FORCES?	577-20-9		IRVIN METELI	TS SAME	AS NO		MATE INTERV	
		Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost.	(b)_	R AS A CONSEQUE	NCE OF	Carcinemac	mastro	e5	5	ho	R
	MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT OF THE PROPERTY OF T	196 COND 196 COND 196 COND 196 COND 196 COND 197 COND 198 CO	ITION FOR WHICH OF INJURY M. OF INJURY	OPERATION YEAR	SCASE & IMP	200 AUTOPSP? 21	Ob. IF YES, V N CERTIFYIN YES	WERE FINDIN NG CAUSES	IGS USED OF DEATH NO	H?
	M	WHILE NOT WHILE 220. I certify that (1) (this hasp sow the deceased alive on above, (1) (we) (did) that are 22b. SIGNATURE	tal) ottended the		6	nd that in (my) (ear) opinion REGREE ATTENDING PHYSICIAN E			81	that (I) (w	(e) lost
		URIAL, CREMATION, REMOVAL SURTAL	23b. DATE 1/26/1			EMETERY OR CREMATORY EBANON CEMETE	1234 LOCATION RY ADELPHI	0,00	<u>09/6</u> EO. M	ARYL [®] A	

24 FUNERAL DIRECTOR DONALD M. STEIN HEBREW MEMORIAL F.H. 250. DATE REC'D. BY REGISTRAR' 256. REGISTRAR'S SIGNATURE
232 CARROLL STREET, N. W. WASHINGTON, D. C.

DHMH-16 30M 2/80 (VRA 15, 4)



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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or ottending physician.
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STATE OF MARYLAND 2

I	1-	STATE REGISTRAR		DEPAKIM		ICATE OF DEATH	AL HTGIE		0 2			
ł		CE ASED NAME FIRST	MI	IDDLE	l	AST		REG. No 2a. DATE OF DEATH	O, MONTH DA	Y YEAR	Zb. HOUF	R
1	(TYPE	OR PRINT) A16	ort	L. Y	No	JOCE			1 31	91	12	0 "
ı	3. SE>	(4. RACE		5. DATE C		6	AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER	1 HRS
ı		male	Caucasi	an	MONTH	- 4- O	. /	77	YRS. MO	NIHS DAYS	HOURS	WIN.
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	8	D NEVER MARRIE	, n	BALTIMORE CITY O	R COUNTY C	FDEATH		
۱		w York	U.S.	Λ.	WIDOWE			Montg	omery			MD.
1	10 CI	TY OR TOWN OF DEATH		OSPITAL, NURSING		OR OTHER INSTITUTIO		120 USUAL OCCUPATI		12b. KIND C	OF BUSINES	-
I		koma Park	Washin	gton Ad	vent	ist Hosp:	ital	Profess		onom	ics	
4	13a S		ITY	13c CITY OR TOWN	1	13d INSIDE CITY LIM	ITS?	3e. STREET ADDRESS				
ì			gomery	Silver S	Spri	ngs A NO		1000 Dal	eview	Briv	e	
Α.			MIDDLE	LAST		15. MOTHER'S MAID!	ENNAM	E MIDDLE		LA!	ŚT	
1	-			Meyer		Cora				elma	n	
ı	160 W	(AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	16b. SOCIAL SECUR		17 INFORMANT	_	ADDRE				
١	MO			220-40-7	/435	Marjorie	e C.	Meyers s	same a			13
ı		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly one couse per li	ine for (o), (b), ond	(c),)					BETWEEN	ONSET AND D	DEATH
ı			E CAUSE (o)	[Neuma	NITI.	5				1111111		
١		4760	DUE TO, OR	ASA CONSEQUEN	NCE OF	PUCTIVE T	DI.	and any t	Kease.	14.		
1		Conditions, if any, which gove rise to immediate	(b) <u>C</u>	NRONIC	0621	puctive i	/ WL W	1011 ARY M	MCHIE			
1		couse (o), stating the underlying couse lost.	DUE TO, OR	AS A CONSEQUEN	NCE OF					1.6		
I		PART 2. OTHER SIGNIFICANT O	(c)	NITRIBUTING TO DI	EATH DIST	NOT BELATED TO THE	E TERMAIN	IAL DISEASE OR CON	DITION CIVE	LINI DADT 1		
ı	NO	Congestive	4.6	FAILURE		ENAL FAIL		ARTERIOSCA		VASC.	Dis-	
1	CERTIFICATION	190 DATE OF OPERATION		ION FOR WHICH C	PERATIO	N WAS PERFORMED		20a AUTOPSY?	20b. IF YES, V	WERE FINDIN	VGS USED)
1	TIFIC							YES NO	YES	NG CAUSES	NO [
1	CER	210. ACCIDENT WAS UNDERLYING		INJURY	/ VEAD	21c. HOW INJURY C	OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	1 OR PART 2)		
1	CAL	OR CONTRIBUTING CAUSE OF DEA	1113		19							
ı	MEDICAL	216 INJURY OCCURRED	21e, PLACE O	F INJURY	PAR FTC \	211. LOCATION STREET		CITY OR TO	WN	COUNTY	ST	ATE
	2	AT WORK NOT WHILE			Δ		6.1	0.				
ı		22a I certify that (I) (this hospi		1 6	for		81	_, to	, 19	0	thot (I) (w	
ı		saw the deceased alive on above, (I) (we) (did) (did	Friew the body a	fter deoth.			pinion de	oth occurred on the do	ote and hour o			ted
1		226. SIGNATURE	1. X.T.	. 01		DEGREE	UNIC	MEDICAL STAI		22c. DATE	SIGNED	1
4		Dernand	1 organe	usen	F	PHYSIC	IAN D	DIRECTOR PHYSIC	IAN 🗌	1 3	1 81	/
1		22d. PHYSICIAN'S NAME (TYPE O		12.01 h		22e ADDRESS	77	BUD EA	- Cu	-a San		M.I
4			F11290				es 174		17 -1120	IN SPR.	ing 1	mer
	23a. B	urial, Cremation, REMOVAL	Perfua			POLITAN	TORY	23d. LOCATION CITY OR TOWN		COUNTY	ST	TATE
			1,198			tory	Sn DATE	Ale xand		rei:		
		NAME	rt A. H	umphrey	Fu:	neral	FEB	6 1981	SE SISTRA	MOB.	UKE	
1	но	mes P.A., Be	tnesda,	Maryla	and		- L	~ 1001				11-6

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funera should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed within 7% with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal. IMPORTANT: If Item 21 is marked at Item 18 shows any injury, or other traumatic event, the medical examine finus be natified at an

estendant ton stort int int out the company and and again

partially although

Paragraph and the second of the second contract the CC

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	1.	FOR STATE REGISTRAR	CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 2 5 4 REG. NO.									
	(TYPE	CEASED NAME FIRST OR PRINT) OR POTAL	L MIDDLE	iddleton	20 DATE OF DEATH MONTH	1981 8:30						
W)	#SE	Femail	White	Feb 17 1895	6 AGE (IN YEARS LAST BIRTHDAY) 85 YRS	IF UNDER 1 YEAR IF UNDER 24						
36	V V	RTHPLACE (STATE OR FOREIGN DUNTRY) ISCONSIS	U.S.A.	MARRIED NEVER MARRIED WIDOWED	Bethesda Mon	tgomery						
Ust be no	F	TY OR TOWN OF DEATH	Bethesda Ret	irement Center	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L House Wife	12b. KIND OF BUSINESS INDUSTRY At Hene						
Sainer I	130. 5			hase YES X NO	22 . 02 00	t.						
/esso	F	lenry Ralph Lain			ristie MIDDLE	LAST						
t, the me		VAS DECEASED EVER IN U.S. ARI res, no or unknown) (if yes, give None Noi	WAR OR DATES)		Bathurst 124 Gra	fton St Chy (
removal.		18 CAUSE OF DEATH (Enter only one couse per Me for (o), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A SQIRATION PROUM GIVIA										
ation, or rem er traumatic		4360 Conditions, if any, which	DUE TO, OR AS A CONSEQ	OUENCE OF STROKE		5DAY						
y, or other		gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQ	DUENTIFICATION Scler	46515							
or to burial, any injury,	NO.	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TERA	MINAL DISEASE OR CONDITION GI	VEN IN PART 1(0)						
m 18 shows	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH (ES NO						
or Item 1	ICAL CES	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)		DAY YEAR 19 21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2)						
and Iv	MEDI	21d. INJURY OCCURRED WHILE ONOT WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STAT						
pt. or health Item 21 is ma		27a.t certify that (I) (this hospit saw the deceased alive an abave, (I) (we) (did) (did no	tal) attended the deceased from	.)	death occurred on the date and ha	ur and from the causes state						
~ ~		226. SIGNATURE	Perly 14	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED						
PORT		224 PHYSICIAN'S NAME (TYPE OF	C. Pertins	27. ADDRESS 5401 We	STERIA ACE LU	, DC.200						
3 2	23a. 8	URIAL, CREMATION, REMOVAL SPECIFY) Cremation		Lee's Crematory	23d LOCATION CITY OF TOWN Washington,	D.C. STATE						
6 25M 4) 1/79	24 Ft	Cremation UNERAL DIRECTOR	11 - 11-81	Lee's Crematory	Washington,							

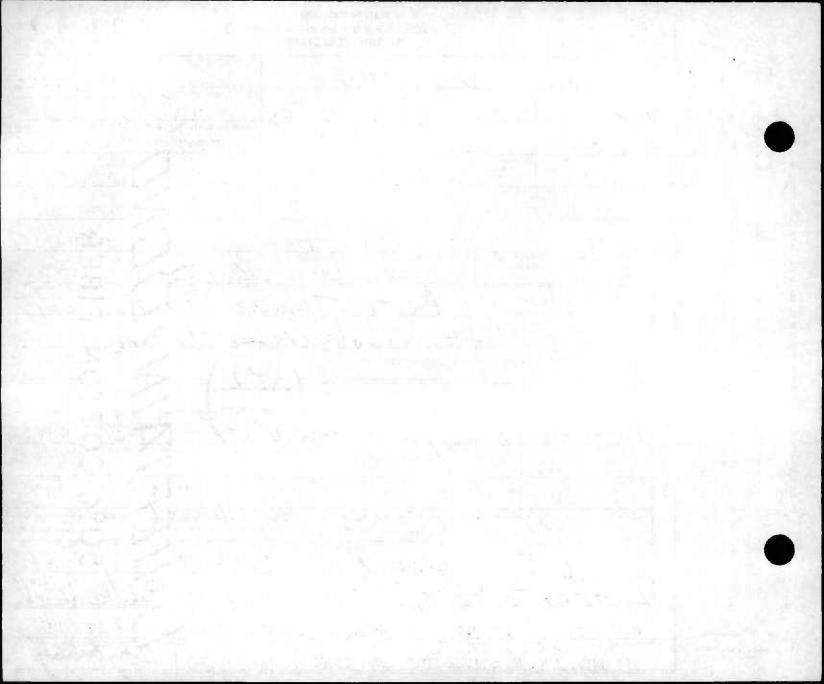
ten a doa 13c-11-1 de le le mar mestacon. ...

The property of the second of

ed within 24 haurs after death. Page 4 may b	mpletely filled in by the funeral divides, page and 2 should be filed within 72 hays after the
TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be entered by the hospital or attending physician.	SO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely fulled in by the turnical director, page when the buriel-transit permit. Then please remove corbon pages. Pages 1 and 2 should be fried within 72 ment attir as with the State Dept. of theolth and Mental Hygiene prior to buriel, cremation, or removal.
TO HOSPITAL OR ATTENDING PHYSICIAN: The leftlined by the hospital or attending physicion.	10 FUNERAL DIRECTOR: After this or the old be detected for use as the bur with the State Dept. of the old Me.

- 1						OF MARYLAND		O i	0 0		13 6	1
	1.	FOR STATE		DEPARTA	MENT OF H	EALTH AND MENTA	AL HYGIEN	IE Ø	UZ	2 3	4 7	7
,		REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO.				
12		CEASED NAME FIRST	,	WIDDLE	ľ	AST	20	DATE OF DEATH M	ONTH DAY	YEAR	26. HOUR	
-	(1116	John		D		liles _		January	IM	1881	4551	PM
10	3. SEX		4. RACE		5. DATE C		-	AGE (IN YEARS LAST BIRTH	MON!	- PER FIERR	HOURS A	HRS MIN.
11		Male.	WHI	ΓE	io	15 YE	3	[07]	YRS			
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIE	9	BALTIMORE CITY OR	COUNTY OF	DEATH		
101		NEW JERSEY	u.:	S.A.	WIDOWE			MONTGOME	RY			MD.
00	10. CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTIO		a USUAL OCCUPATIO		126. KIND OF	BUSINESS	OR
0/0/		LVER SPRING	HOLY	CROSS HOS	PITAL			EDITOR		TRANSP	ORT 7	TOP
0	.USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIM	VITS2 13	e. STREET ADDRESS				ICS
85			OMERY	KENSINGT		YES XX NO		3503 DUPON	IT AVEN	UE		
Dine	14 FA	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAID	EN NAME	WIDDLE		HAST		7-1-
50		HUGH	MIDDLE	MILES		SUSÂN		Mode	M	CGRATH	1	
E L		WAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRES	S			
ae a		NO NO	E WAR OR DATES!	090-09-	6520	LOLA K.	. MILA	ES SAME	AS 13		IFE _	
, me		18. CAUSE OF DEATH (Enter or	ly one couse per	line for (o), 6, on	d (c).)	-	11	110	0.0	APPROXIM.	ATE INTERVA	ATH
ven		PART I. DEATH WAS CAUSE	D BY: [E CAUSE (0)	HC	uTe	/ W	rula	R NOG	120	24	400K	5
of ic		4291	DUE TO, O	AS A CONSEQUE	NCE OF	1 1	?	/ -	2.			
E		Conditions, it driy, which	((b) #	4PtaRios	~ / / .	sotic LA	4RDIC	OVAS Culor	Meas	0	10-1	17755
1		gove rise to immediate couse (a), stating the	DUETO	R AS A CONSEQUE	NCE OF							
0		underlying couse lost.	(c)				100				W. S. A.L.	
ة خ		PART 2. OTHER SIGNIFICANT	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	E TERMIN	AL DISEASE OR CONDI	TION GIVEN	IN PART 1(0)	$+$ \leq $+$	
2	CERTIFICATION		101 340									11
ou .	CAT	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	10	20a AUTOPSY?	20b. IF YES, W	ERE FINDING	SS USED	?
swo	TIF	12.31.80	HA	leerRy S.	m 07	Hose	M	YES NO	YES C	1	NO 🗌	- 1
o l		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			AY YEAR	21c. HOW INJURY C	OCCURRED	(ENTER NATURE OF INJURY	IN ITEM 18 PART 1	OR PART 2)		
E e	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINE		M.	19				794	0.00		
ő	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY	ARM, ETC.)	211 LOCATION STREET		CITY OR TOW	N	COUNTY	STAT	TE
e X	2	AT WORK NOT WHILE						1	1	61		
Ē		22a.1 certify that (I) (this hospi		e deceased from_	12.	28. 19_	80)	., to 10/4 G	19_	-	(l) (we	
4		saw the deceased alive of above. (I) (we) (did) (did) and	the body	atter death.	. 01	nd that in (my) (our) c	pinion dec	oth occurred on the date	e ond hour on			rd*
2		72h 9IGNATURE	1/2 /	Mr.		DEGREE	110 6	MEDICAL STAFF		22c PATES	IGNED /7	/
10		1 UN	000	Vera	01	PHYSIC	ING E	MEDICAL STAFF VIRECTOR PHYSICIA		1.016	1. 61	
1		222 MAYSICIANS HAVE IN	a PENG	1%	0.	22e ADDRESS		. 1.1	2	11	1 20	XXXX
5		L. HIDER	TO A	MUNEZ	m	8218 WI	SCOM	VSAN AVO	Des	Moso	Am	d
8	73o f	BURIAL, CREMATION, REMOVAL	23h DATE	The N	NAME OF C	EMETERY OR CREMA	TORY	23d. LOCATION	CI	OUNTY	STAT	TF.
		CREMATION		/81 ME	TROPO	LITAN CREA		ALEXANDR			SINIA	-
	24 FL	UNERAL DIRECTOR FRANC	IS J. C	DLLINS		2		EC'D. BY REGISTRAR 2	b. REGISTRAF	SSIG ATU	¥ 7.	
		500 UNIV. BLVD	W.,SI	LVER SPRI	NG.MD	. 20901	151	12 2 1981	progen	7/100		

DHMH-16 30M 2/80 (VRA 15, 4)



	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLA EALTH AND A	MENTAL HYG	HENE 8	REG. NO	0	2 5	5 0	The water	
4		CEASED NAME	FIRST		MIDDLE	i	LAST						DAY YEAR 26. HOUR		
		M	ildr	ed FI	LORIDA	Mo	Monck			1-8-81			2:32p		
	3. SE	•		RACE		5 DATE C		YEAR	& AGE IN	EARS LAST BIRTH		FUNDER I YEAR	IF UNDER 24 HRS	i	
once		Female		Whi		Janu	-	1901		80	YRS.				
m 0/1/	C	RTHPLACE (STATE OR FO	DREIGN		WHAT COUNTRY?	MARRIE	NEVER A	MARRIED -		ORE CITY O		OF DEATH			
De la constante de la constant	_	Delaware			S.A.	WIDOWE	- Marcell	VORCED [tgome			N		
27/	10 CI	TY OR TOWN OF DEA	тн	(IF NOT IN SUC	HOSPITAL, NURS IN		OR OTHER INST	TITUTION		OCCUPATION FOR MOST OF			OF BUSINESS O	1	
must b		akoma Park		Vash in			ist Ho	spita	Но	usewif	fe	H	ome		
m Solution m	13e S	AL RESIDENCE (F NURS STATE Cyland	H3P COUN	other institution, ty ce Geo.	13c CITY OR TOW Takoma	VN	134. INSIDE C	NO [13. STREET	ADDRESS Lanca	aster	Road			
n n	14. FA	THER'S NAME		DDLE				MAIDEN NA		MIDDLE					
/ Poppar		Clarence		DOLE	Titter	2		enst Emma		WIDDLE		Cava	naugh_		
) au		VAS DECEASED EVER			166 SOCIAL SECT	JRITY NO	17 INFORMA		band)	ADDRE	SS	ouva	naugn		
F. F.		res, no or unknown)	None	WAR OR DATES)	577-22-1	700D	Gilber	t A. M		SAN	Æ AS	ITEM #	13		
ial, cremation, or remo y, or other traumatic e		Conditions, if any, gove rise to imm couse (o), statin underlying couse	nediote g the	DUE TO, OI	R AS A CONSEQUER AS A CONSEQUE	illu	Leese -OS C	1- leros	Sis		reeux				
or to burial any injury,	NOI	PART 2 OTHER SIGN	HEICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEA	SE OR CONE	OITION GIVE	N IN PART 1	01		
Hygiene prior m 18 shows an	CERTIFICATION	190 DATE OF OPERA	ION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	YES [NO D		WERE FINDI			
Mental Hyg		21a. ACCIDENT WAS UND OR CONTRIBUTING CHETHER, NOTIFY MEDIC.	AUSE OF DEAT	HOUR A.	M. MONTH D	AY YEAR	21c HOW IN	IJURY OCCURI	RED (ENTERN	ATURE OF INJUR	Y IN ITEM T8, PA	RT T OR PART 2)			
th and Me marked or	MEDICAL	21d. IN JURY OCCURE WHILE NOT WE AT WORK AT WO	RED	21e PLACE			211 LOCATION STREET	ON		CITY OR TOW	'n	COUNTY	STATE		
Jept. of Healt		22a I certify that (I) saw the decease above, (I) we id	d alive on_	11/18	19_		DEGREE		-			ond from the			
ite Oept. of H 4T: If Item 21		saw the decease	d alive on_	11/18	19_		DEGREE		MEDICAL DIRECTOR			and from the	e	e couses stated E SIGNED	

TO FUNERAL should be detack IMPORTANT DHMH-16 25M (VRA 15, 4) 1/79

24 FUNERAL DIRECTOR NAME Hines/Rinaldi Funeral Home

236. DATE

Jan. 10,81

THE PHYSICIAN'S NAME (TIPE OF PRINT)

230. BURIAL, CREMATION, REMOVAL (SPECKY)

Cremation

ADDRESS 11800 N.H. Ave.

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OF TOWN Washington Lee's Crematory REC'D BY REGISTRAP TS. REGISTRAP'S SIGNATURE

COUNTY

D.C.

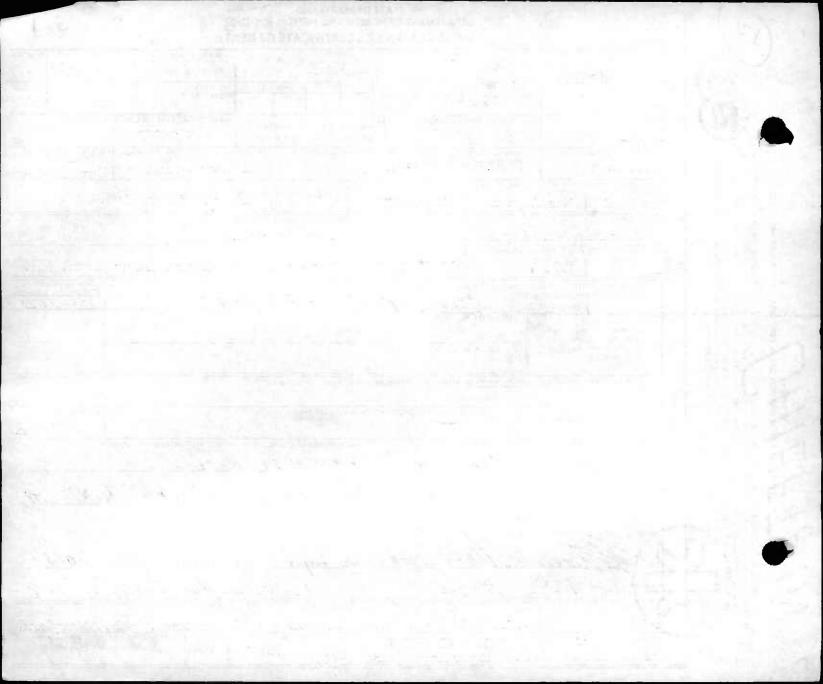
TAMENTA DE LA

Milured Floreic Hones 1-8-61

- Viceostaci

- Washington Aventist Rospital

2/21	1.	FOR			DEPART	STATE OF MENT OF HEALT	MARYLAND H AND MEN		ENE i	0	2	trig log	
	1-	STATE REGISTRAR				EXAMINER'S			~ 1	REG. NO.	disa	w w	
		CEASED NAM	E FIRST		MIDDLE		LAST		OF	KNOWN X	MONTH 1	DAY YEAR 20 81	2b. HOUR
28 MA)	3. SE.		Lawrence		lwin		ninger		DEATH	MATED	MONTH	DAY YEAR	3:42A
	M	ALE	WHITE	5. DATE OF BIRTH	51	6. AGE (IN YEARS IF U		HOURS MIN.	S. 2c. DATE PRONOUN DEAD	ICED	1	20 1981	3:42A
	M.	RTHPLACE (S PREIGN COUNTRY) Larylan	d	USA	IAT COUN	MAR	RIED 🔀 NEVE	R MARRIED [tgomery	,	Y OF DEATH	MD.
DELAY IS 3 TO THE N PAGE 9 BE FILED DS, 301	1	Tyattst	own	Suburba	in' Ho	•	HER INSTITUTIO	ext	USUAL OCCUP OR MOST OF WOR PUGET	PATION (TYPE OF COPERATE OPERATE)	or Or	12b. KIND OF B OR INDUS Certair	TRY
AND SETAL POULD PHOULD PECOR	13a. S	at residence Marylan	181 OUN	r other institution, GIV TY nington	130. CITY Ha	BEFORE ADMISSION) OR TOWN gerstown	YES Y	LIMITS? 13e. S	TREET ADDRE	Wilson	Blv	d.	
MO NO STATE	1	ATHER'S NAME FIRST Jon 8	than Mor	nninger		AAST	Doro	thy Ba	AA!			LAST	
F. <>±05	16a. \ Y€	WAS DECEASEI ES. NO, OR UNKNO	(IF YES GIVE	MED FORCES? WAR OB DATES) - 75	215-	58-9331	Teres		Monning	ger, H	ager	stown,	Md.
301 W. PRESTON ST., CUTED WITHIN 24 HOL IN PENCIL IN ITEM 18 E EXAMINER ALONG RIAL-TRANSIT PERMIT. ID MENTAL HYGIENE, I, OR REMOVAL.)	Condition gave ris couse (a) lying cau	ATH WAS CAUSED IMMEDIAT Ins. if any, which is to immediate stating the under- ise lost.	(c)	AS A CON	SEQUENCE OF	7	RAUM	H.			APPROXIMA BETWEEN ONS	TÉ INTERVAL LET AND DEATH
AL RECORDS, 3 HOULD BE EXECTOR THE MEDICAL USED AS A BUD OF HEALTH AND CALL CREMATION,	CERTIFICATION	190. DATE OF	Section 1			TED TO THE TERMINAL DISEA						20. AUTOPSY	?
CETTE CATE SHING THE WORE ED TO THE CATE SHOULD SHOULD SEE OF ARMENT (RIOR TO BURIA	MEDICAL CERTIFI	UNDERLYING CONTRIBUTION 21d. INJURY C	CCURRED	21b. TIME OF HOUR AM. DEATH 21e. PLACE O STREET, FACTO	MONTH F INJURY	DAY YEAR 20 19 8 / C	HOW INJURY OF	CCURRED LENT	ROAD		RT I OR PAR		NO D
MEDICAL EXAMINER: THIS CER CUTE THE CERTIFICATE, WRITING SE 4 SHOULD BE FORWARDED FRUERAL DIRECTOR: PAGE 3 S FRUERAL, WITH THE STATE DEF TIMORE, MARYLAND, 21201 PRIO.		27a. I certil death results			REE	r Ro	UTE 27	CIFY	Inquiry determined ma	ond one	in my op	inian	MS.
TO MEDICAL EXECUTE THE PAGE 4 SHG TO FUNE SHA AFTER DEATAL		EXAMINER'S (TYPE OR PRIN	VT)	. Mr	yle		THE BILL OF	200 Wise		INER SE	SIGNE	20014 5DK/	110
BP——— AFTE BALL	b	urial		an.23,198	31 R	est Haven	C	C	LOCATION ITY OR TOWN Hagers	town,V	coun Vash	3.6	yland
DHMH - 17 (VR A15 ME (5)) 15M 7/77		UNERAL DIRECT	TATTTATAT	CH FUNE	RAL	HOME wn, Md.	21740	JAN	2 6 198	25b. REGIS	RAR'S S	GM IUP	4



within 24 haurs after

executed

requires that the death certificate be

1	1-	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8	0 2 5 5
		CEASED NAME FIRST	Cry E.	Moon	2a. DATE OF DEATH M	1 - 23 - 8 1 1
	3 SE	x female	white	5. DATE OF BIRTH MONTH DAY YEAR 12 7 1907	6. AGE (IN YEARS LAST BIRTHE	DAY) IF UNDER 1 YEAR IF UNE MONTHS DAYS HOUR
29	· ·	RTHPLACE (STATE OR FOREIGN COUNTRY) unknown	7b. CITIZEN OF WHAT COUNTRY? unknown	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR	omery Count
70		Be Mesga	CITY OT IN SUCH FACILITY, GIVE STREET	ban Hospital	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Petir	
35	130 5	Maryland Mo:	nother institution, give residence before NTY 13c. CITY OR TOW 13c. CITY OR TOW	N 13d, INSIDE CITY LIMITS? da YES ₩ NO □	13e STREET ADDRESS 5109 Danbu	ry Road
50	14 FA	THER'S NAME "Unknown	MIDDLE LAST	15 MOTHER'S MAIDEN NA	known MIDDLE	LAST
1		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIT	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 218 30		same as 13e	
	5	1931 IMMEDIA	DUE TO, OR AS A CONSEQUE	IC HNONR		30
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	offic AOR	TITIS	50
2	TIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E	Price AOR	INAL DISEASE OR CONDIT	TION GIVEN IN PART 1(0) 206. IF YES, WERE FINDINGS USEN OF DE
29	CAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), storing the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E 19b. CONDITION FOR WHICH ATH HOUR A.M. MONTH DA	ENCELOF LUS DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED 216. HOW INJURY OCCURR	INAL DISEASE OR CONDIT	TION GIVEN IN PART 1(0) 20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO
29	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stofing the underlying couse lost. PART 2. OTHER SIGNIFICANT (19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E 19b. CONDITION FOR WHICH ATH HOUR A.M. MONTH DA	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED 216. HOW INJURY OCCURE 19 216. LOCATION	INAL DISEASE OR CONDIT	TION GIVEN IN PART 1(0) 20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES \(\begin{array}{c} NO \\ \text{II} \text{IEM 18 PART 1 OR PART 2} \end{array}
		Conditions, if ony, which gove rise to immediate cause (a), storing the underlying cause lost. PART 2. OTHER SIGNIFICANT (19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E 19b. CONDITION FOR WHICH 19b. CONDITION FOR WHICH ATH HOUR A.M. MONTH DA P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED AY YEAR 19 216. HOW INJURY OCCURP ARM, ETC.) 216. LOCATION STREET	INAL DISEASE OR CONDITION 200 AUTOPSY? YES NO CHIT OF INJURY I	TION GIVEN IN PART 1(01 20b. IF YES, WERE FINDINGS USIN CERTIFYING CAUSES OF DE YES NO IN ITEM 18 PART 1 OR PART 2) COUNTY COUNTY Tond hour and from the causes
7	MEDICAL	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (190. DATE OF OPERATION) 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE) 214. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE) 215. CONTRIBUTION (1908) 216. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE) 217. CONTRIBUTION (1908) 218. SIGNIFICANT'S NAME (TYPE CONTRIBUTION)	DUE TO, OR AS A CONSEQUE (c) 19b. CONDITIONS CONTRIBUTING TO E 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	OPERATION WAS PERFORMED 216. HOW INJURY OCCURE AT YEAR 19 216 LOCATION SIREE 19 216 LOCATION SIREE 19 217 LOCATION ARM, ETC.) DEGREE ATTENDING	INAL DISEASE OR CONDITION 200. AUTOPSY? YES NO CITY OR TOWN CITY OR TOWN CITY OR TOWN CHOCK TOWN MEDICAL STAFF	TION GIVEN IN PART 1(01 20b. IF YES, WERE FINDINGS USIN CERTIFYING CAUSES OF DE YES NO IN ITEM 18 PART 1 OR PART 2) COUNTY COUNTY Tond hour and from the causes

DHMH-16 30M 2/80 (VRA 15, 4)

JTO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

her trade Montroftery Periesda | c | v | SION Rembury Tood | Marine 216 10 3073A Hm. Bort ness no 1 to 1721 81 Steel Basist Church Seastery Mathematic, May Typor Theeler Furnital Conc, Inc. hijl pockville Tike Rockville, Karyland

	1 -	FOR STATE REGISTRAR				E OF MARTLAND BEALTH AND MENTAL HYGI BICATE OF DEATH	IENE 8 REG. N	0	2 5	5 3	
(M		OR PRINT) Willie		irginia	Morr	İS	20 DATE OF DEATH	15	2,1981	733 (A	
rs afr	3 SE	Female	White		March 2 1910		4 AGE (IN YEARS LAST BIR 70	YRS.	M UNDER EYEAR IF UNDER 24 H		
Seg at	C	RTHPLACE ISTATE ORFOREIGN DUNITY Virginia	USA		WIDOWE		BALTIMORE CITY C Mont	- gomery		Μſ	
by the fed within		Gaithersburg	Shady	rove Adv	entis	t Hosp.	Registere		121. KIND OI INDUSTRY B NUM	F BUSINESS OR	
35	13a S	AL RESIDENCE (# MURSING HOME TATE Taryland Mor	or other institution, JNTY Itgomery	GNE RESIDENCE BEFORE	sburg		13. STREET ADDRESS	tle Por	nd Plac	e	
MER.		WIST]	MIDDLE	Collier		Hattie	MIDDLE		Murra	ay	
event, the mc		VAS DECEASED EVER IN U.S. A	RMED FORCES?	579-24-		Barbara Sama				Place	
cAL EX		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	SED BY: ATE CAUSE (0)	venta	cu los	- fibrillat	1			nate interval inset and death ninutes	
ior to burial, creminant in interest in in	TION		CONDITIONS CO		DEATH BUT	NOT RELATED TO THE TERMI					
giene pr 8 shows	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	70b. IF YES, IN CERTIFY YES	WERE FINDIN	OF DEATH?	
th and Mental Hy marked or Item 1 ED BY	MEDICAL CEI	21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (# EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOTIFY WILE AT WORK NOT WINE	EATH HOUR A.	M. MONTH DA M.	19 ARM, ETC.)	21: HOW INJURY OCCURR 211: LOCATION STREET	ED (ENTER NATURE OF INJU		RT 1 OR PART 2]	STATE	
he State Dept. of Health	16472	22a.1 certify the CII this has solved one of the certify the certify the certification of the	S Roll OR PRINT)	19		nd that in (my) (our) opinion d DEGREE ATTENDING PHYSICIAN 220 ADDRESS	leath occurred on the d	FF CIAN []	221. DATE S	13/8/	
with the IMPORT	23a. B	Mark S. Rose SPECIFY Burial Mark S. Rose Burial		1981 F1	t. Liı	11131 Universi EMETERY OR CREMATORY ncoln Cemetery	Washing	ton, D.	COUNTY	STATE	
·16 25M 5, 4) 1/79	24 FL	JNERAL DIRECTOR NAME I nzansky-G o 1 db 6	erg Chape	ls; 1170	Rocky	ille, Md. 250 DATE ville Pike	140 1 6 1981	25h. HEGENETR	ASSESS FOR	Bridge	

STATE OF MARYLAND

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	1-	FOR STATE REGISTRAPaul Day:		TMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 REG. P	0	2 5	5
1	I DEC	CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH	MONTH DA		2b F
1	THE	Paul	DAVIS	Mor	rison	-2-	1 19	7 8/	4
1	3 SE)		4 RACE	5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BI		Director Female	IF UI
11		MALE	White	MONTH 12		97	YRS.	ONTHS DAYS	HOU
7		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	V2 8		9 BALTIMORE CITY		OF DEATH	_
71		Dashineton D.C.	USA	WIDOWE	ED NEVER MARRIED	mo	ntgome	1740	
5		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME	- Particular	12a. USUAL OCCUPAT	TION	126 KIND OF	ВU
10		Olney, and.	Brooke Grove		so Home	Stationar		INDUSTRY	
1	USUA	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION)	_		7	1 Sale	4
36	13a. S	Man. 136 COI			13d INSIDE CITY LIMITS?	13e STREET ADDRESS		70-100	
2.1	14 F A	THER'S NAME	tgomery Hotomac		YES NO NO NO NA	11524 De	Doran	DAING	
60	13.17	FIRST	MIDDLE LAST		FIRST	WIDDIE		LAST	
N	14- 14	William	H. YYOTTSOY		17. INFORMANT		PESS	Kearsl	<u>e</u>
)	16a, V		(VE WAR OR DATES)			ADDRESS			
		NO	577-09-	07/4	Mrs. Eleanor	M. Moore	same as	APPROXIMAL BETT GEN ST	_
	CERTIFICATION	underlying couse lost. PART 2 OTHER SIGNIFICAN: 190. DATE OF OPERATION	CONDITIONS CONTRIBUTING TO			200 AUTOPSY?		N IN PART	351
2	TIFICA	M. DATE OF GLERATION	W CONDITION WITE	OI EKATIC	NASTEN OWNED	YES NO		ING CAUSES O	
9	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	R) P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18, PAR	RT 1 OR PART 2)	
· I	WED	21d INJURY OCCURRED WHILE NOT WHILE I	21e. PLACE OF INJURY {AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	NWN	COUNTY	
		AT WORK AT WORK			1 0		10	01	_
			pital) attended the deceased from	at .	19-50	, to	17	V	ot
		sow the deceased alive of obove, (1) (1) (did)	on 19	. 0	bd hat in (my) (and opinion	aeoth occurred on the	gote and hour	1	
DEGREE ATTENDING MEDICAL STA								22c. DATE S	IG1
		1. 19	4 2 XV D	1.		DIRECTOR PHYS	ICIAN []	1/1	1
		334 BHALLAND ZUZAETY	Ligon)		220 ADDRESS PAPER	DIRECTOR PHYS	CIAN D	ey vo	1

DHMH - 16 50M 1/7 (VR A 15 (4))

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Just water took with a to What I'm will offer to Take 相 时上 略上 明 三十分 2880 00 pull of market of 111 st THE STATE OF THE S executed within 24 hours ofter death. Page 4 may be

mpletely filled in by the and 2 should be filled as

injury, or other troumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	2	n-3	5	5
0	CAB	10.3		-

1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.			
	CEASED NAME OR PRINT)	FIRST	٨	MIDDLE	L	AST	20 DATE OF DEATH		DAY	YEAR	2b HOUR
		James		S.	M	oulden		01	09	81	5:13A
3. SE:		4	RACE		5. DATE C		6 AGE (IN YEARS LAST B	IRTHDAY)	MONTH	DER I YEAR	HOURS MIN.
	Male		Caucas	ian	Janua	7 7000	82	YRS	5.		
C	RTHPLACE (STATE O	R FOREIGN 7		WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	_		DEATH	
	laryland		U.S.A.		WIDOWE		Montg				MD.
10. C	TY OR TOWN OF D		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS	OFWORKING	3 LIFE) IN	b. KIND (DUSTRY	OF BUSINESS OR
	Olney			mery Ge		ospital	U.S. Govt	•		U.S.	Navy Yar
13a. S	AL RESIDENCE (IFNI STATE Aryland	13b COUNT		Rockvi	N_	138 INSIDE CITY LIMITS? YES X NO	13. STREET ADDRESS	St.,			
14 FA	THER'S NAME	MI	DDLE	LAST		15 MOTHER'S MAIDEN NAM	ME				ST
	Albert			Moulde	n	Ann			T	homp	son
16a V	VAS DECEASED EVI	ER IN U.S. ARM	ED FORCES?	166 SOCIAL SECU		17. INFORMANT	ADD	RESS			,
	no			220-34-	4338	Calphurnia	W. Moulden	(sam	e as	13e	:)
	Conditions, if or gave rise to i cause (a), sta underlying cau	mmediate ting the	(b) DUE TO, O	r as a conseque r as a conseque				To be) -	
NO	PART 2. OTHER SI	GNIFICANT CO	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION (GIVEN IN	PART 1	0
CERTIFICATION	190 DATE OF OPER	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?				NGS USED S OF DEATH?
	21a. ACCIDENT WAS I OR CONTRIBUTING (IF EITHER, NOTIFY MEI	CAUSE OF DEAT	21b, TIME O HOUR A. P.	M. MONTH DA	AY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF IN	JURY IN ITEM I	18, PART 1 C	OR PART 2)	
MEDICAL			21e. PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR T	OWN	C	YTMUC	STATE
	22a. I certify that saw the dece above, (1) (we	(I) (this haspite ased alive on_) (did) (did not)	JAN	3, 19-6	OCT.	nd that in (my) (aur) apinion (death accurred on the	date and h	19_6 naur and		that (1) (we) last couses stated
	22b. SIGNATURE	P	3 Oan		_	DEGREE ATTENDING PHYSICIAN	MEDICAL ST	AFF SICIAN [1/9	SIGNED 1
	22d. PHYSICIAN'S		-	UNERY, M	0	120 ADDRESS PR	NCE PHILI	e Di	2-00	NE '	63 MO-

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbonpoper. Figure with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

> DHMH - 16 50M 1/76 (VR A 15 (4))

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

COUNTY

Burial January 12 Parklawn Memorial Park Rockyill FUNERAL DIRECTOR ROBERT A. Pumphrey Funeral Homes P/ (SD. DATE REC'D. BY REGISTRAR!) 300 M. Montgomery Ave., Rockville, Maryland 20850 JAN 1 6 1331 Marylan Montgomery RECOTRAR'S SICHATO

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be	retained by the haspital or attending phy
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH-16 30M 2/80 (VRA 15, 4)

1	FOR STATE REGISTRAR		STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	0 2 5 5 6
	DECEASED NAME FIRST YPE OR PRINT) Stefano	MIDDLE M	oung el is	20. DATE OF DEATH MONTH	29 81 1000 PM
3. 5	male male		S. DATE OF BIRTH May 15 1893	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
11	Greece		MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COU	NTY OF DEATH
36	COCKVILLE	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AD Shade Gove Adv OTHER INSTITUTION, GIVE RESIDENCE BEFORE A	ventist Hospital	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN retired	12b. KIND OF BUSINESS OR INDUSTRY Pastry cook
F 130	a. STATE 13b. COUN			13e. STREET ADDRESS 4 Buttermer	re Court
50		Moungelis		MIDDLE	Myngou
160.	I. WAS DECEASED EVER IN U.S. AR. (YES. NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b SOCIAL SECURI E WAR OR DATES) 042 10	17 INFORMANT 3625A Stavros	S. Moungelis	same as 13e
NOI		DUE TO, OR AS A CONSEQUEN (c) ATHERO	RENOUS RIGHT	HERAL VASCULAR I	
CERTIFICATION	19a DATE OF OPERATION 12-29-80 71a ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH O ISCHEMIC SMALL OF	BOWEL INCARCEPATE	IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
MEDICAL CI		TH HOUR A.M. MONTH DAY	YEAR 19 211 LOCATION	KED (ENTER NATURE OF INJURY IN ITEM	18 PART I ORPART 2)
WE	AT WORK AT WORK	(AT HOME STREET, FACTORY, OFFICE, FAR	RM, ETC.) STREET	to 3AN 29	COUNTY STATE
	saw the deceased alive an	tal) attended the deceased fram TAN 29 19 8 1) view the bady after death.	, and that in (my) (avr) apinian		, , , , , , , , , , , , , , , , , , , ,
	22d PHYSICIAN'S NAME (TYPE O	R PRINT)	22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	1/30/81
230	ERNEST	DALTON HANOWEL 1236. DATE 23c NA	ME OF CEMETERY OR CREMATORY	LO GEORGETOWA	J KO BETHESDA MI
	Burial	2/2/81 Ga	te of Heaven Cem	etery Silver	Spring, Harylan
24.	1331 Rockville	Wheeler Funeral Pike Rockville	Home, Inc. PE	B 2. BY 90 ISTRARIZARIZARIZA	TOTKAN 3 SIGNATURE

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Burinl 2001 Gire Leaves Constant Line, Maryland Typus comics Funeral Lake, Inc. 1331 Hockellle 14ke Spoketile, Angeland

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within 24 hours after death. Page 4 may be

STATE OF MARYLAND FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FUN, SERVICE

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REGISTRAR		CER	IIIICATE OF DEATH	REG. N	10.
1. DECEASED NAME (TYPE OR PRINT)	FIRST	MIDDO	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
(III OKPKINI)	ivian	Koscoe	Muman	yan	mary 14, 1981 9 13
3 SEX	4. RACE		TE OF BIRTH	6 AGE (IN YEARS LAST BE	
Male	Car	1.0 MG	ne 28. 1922	50	MONTHS DAYS HOURS M
7a. BIRTHPLACE (STATE OR F		WHAT COUNTRY? 8.	22	9 BALTIMORE CITY	YRS. OR COUNTY OF DEATH
Virginia	US		RIED NEVER MARRIED DIVORCED	Prince A	corves monta
10. CITY OR TOWN OF DEA		HOSPITAL, NURSING HOM		120 USUAL OCCUPAT	
Takoma Park		CH FACILITY, GIVE STREET ADDRESS)	ist Hospital	(TYPE OF WORK FOR MOST	OF WORKING LIFE) INDUSTRY
		, GIVE RESIDENCE BEFORE ADMISSIO		Salesman	Tobacce
13a. STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
Maryland 14 FATHER'S NAME	Prince	Adelphi	YES NO 15 MOTHER'S MAIDEN NA		phi Road , No. 11
FIRST	Georges	LAST	FIRST	WIDDIE	ŁAST
John Frankl		Mumaw	Mamie		Wolverton
160 WAS DECEASED EVER	IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO	D. 17. INFORMANT	0274	
Yes	WWII	223-18-541	6 Hilda Muma	w Adelp	Adelphi Road, No. hi.Maruland
18 CAUSE OF DEATH	(Enter only one couse pe	r line for (a), (b), and (c).)	0 -1	0 11	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
PART I. DEATH W	AS CAUSED BY: IMMEDIATE CAUSE (0)	Massen	e tikuero	mail Her	morriana today
4210	DUE TO, C	OD ACT CONSCIPLINATION OF O			
Conditions, if ony,		Kreh deel	ed corelya	1 min	ne la dies
gave rise to imm	ediate	- July		\ \ \alpha = 1-	8
underlying couse	lost.	DR AS A COMSEQUENCE O	F		
PART 2 OTHER SIGN	UEICANT CONDITIONS	ONTRIBUTING TO DEATH 6	BUT NOT RELATED TO THE TERM	AINIAI DISEASE OR CON	UDITION CIVEN IN SART 1/-
	meant conditions <u>c</u>	ON TRIBUTING TO DEATH	OUT NOT KEENTED TO THE TERM	MITAE DISEASE OR COI	TOTAL TAKE THE
190 DATE OF OPERAT	ION 196. CONE	ITION FOR WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
SE .				YES T NOT	IN CERTIFYING CAUSES OF DEATH?
21g. ACCIDENT WAS UND	ERLYING [7] 216 TIME	DE IN JURY	21c HOW INJURY OCCUR		
	110110 4	M. MONTH DAY YE	AR	TED TENTER INVIORE OF 1193	on in term to take to on take 2)
(IF EITHER, NOTIFY MEDIC			9		
OR CONTRIBUTING CO	LAT HOME S	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.	21f. LOCATION STREET	CITY OR TO	OWN COUNTY STATE
WHILE NOT WH	K L		1		1
	(this hospital) attended t	ne deceased from	19 01	10//	, 19 (l) (we)
saw the decease	d alive an	after death.	, and that in (my) (our) opinion	death occurred on the c	date and hour and from the couses stated
22b. SIGHTATURE	110		DEGREE		22c. DATE SIGNED
41	1 hours	m.	ATTENDING PHYSICIAN F	DIRECTOR PHYSI	
22d PHYSICAL STA	ME (THE ON PAINT)	1	22e. ADDRESS		
Hugh	1 72	EU	11/6/ N.	HAMPS	HIRE AVE S.S.N
230. BURIAL, CREMATION, I	REMOVAL 23b. DATE	23c, NAME O	F CEMETERY OR CREMATORY	23d LOCATION	7,000
(SPECIFY)				CITY OR TOWN	COUNTY STATE
Burial 24. FUNERAL DIRECTOR	Jan.	18,19 8 1 M	assanutten Cer		odstock Shen Va-
anni+	E. 41 C	EDIL MODRESS	- 1 1.	JANZI 198	feographa Creade
CHY 10L	1410,01	CUICE /	AIRFAXIA	LI HUNI	Man Langer / of Lat A house is

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely Illaed in by the should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 and 2 shauld be filled with the State Dept, of Health and Mental Hygiene prior to burial, cremotion, ar removal.

MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the haspital or attending physician.

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.000 7517 Length Length of Control nome to literal rather to a national sale same. Соотсо Т coning brokens 1 .ov. non include acts of the following ROTH DA John Franklin mos sulo. s inch J. 105 15 - 173 - 18-5616 Filed Jumes 1981 https://desployed 294 Marie of the same was the same of the first

Jun. 1,1581 for the territy, constick, her. Va.

injury, ar ather traumatic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remave carbanpaper with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar remaval.

MPORTANT: If Hem 21 is morked ar Hem 18 shaws any

FOR

STATE OF MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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JAN 2 6 198 RAR 256 PEGISTRAR'S SCHARE

ı		STATE REGISTRAR	- 1		CERTIF	CATE OF DEATH	REG	. NO.	7	
ı	1. DECE	ASED NAME FIRST	MID	DLE	ia .	XST .	20 DATE OF DEATH	HTMOM	DAY YEAR	26. HOUR 46
i		Jame	e N	MN	Mu	rdock		1-	20-81	10AM
١	3. SEX	.00 - 0	4. RACE	1	5. DATE C		& AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	HOURS MIN
d		Triale	W	ute	5	-6-87		3 YRS.		
I		HPLACE (STATE OR FOREIGN	76 CITIZEN OF WE	HAT COUNTRY	Y? 8 MARRIEI	NEVER MARRIED	BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
1		NewYork	20	A	WIDOWE		mo	ritga	nery	MD
ı	10 CITY	OR TOWN OF DEATH		SPITAL, NURS		ROTHER INSTITUTION	12a USUAL OCCUP			F BUSINESS OR
1	X	ockville	ROCK	ville	Nur	sing Hom	el mini	ster	relig	noi
1	30 ST	RESIDENCE (IF NURSING HOMEOR		CITY OR TO	WN .	13d INSIDE CITY LIMITS?	13e STREET ADDRE	SS /		
4		luig I. M	troi	Kock	Cuille	YES NO	197166	Duerle	55 Av.	
J	14 FATI	HER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN N	MIDDL	E	LAS	ot .
4		James	M •	Murdo		Cornel		DRESS	Mac	rae
ı			MED FORCES?	SOCIAL SE		17 INFORMANT		7716 C	overlea	Ar-
Į		NO 1 -		577-0	9-6137	J. H. Mara	ock (son)	Pock	ville, N	H 2085
ı	1	8 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly ane cause per lir D BY:	e far (a), (b), (and ici	11			BETWEEN	MATE INTERVAL ONSET AND DEATH
Į			E CAUSE (a)C	Dron	dry C	occlusion	ı		5 m	un_
ı		4100	DUE TO, OR	S, A CONSEO	UENCE OF	+ 0 1.	- 1.	> .	14	Total Control
1		Conditions, if any, which gave rise to immediate	(b) A	Herio.	sclero	tic Cardion	rascular	1-11368	SQ O	years
ı		cause (0), stating the underlying cause last	DUE TO, OR A	s a conseo	DUENCE OF					
		DART O OTHER CICALIFICANIA	lc)	TRIBLITATIO TO	O DE ATU BUT	NOT BELLEFO TO THE TEL		ON IDITION C	DATE OF BART I	
		PART 2. OTHER SIGNIFICANT	CONDITIONS CON	010	O DEATH BUT	1. C.C		DADITION G	IVEN IN PART TO	0
1	CERTIFICATION	9a DATE OF OPERATION	196. CONDITION	ON FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF Y	ES, WERE FINDIN	NGS USED
	IFIC	None					YES NO		IFYING CAUSES	OF DEATH?
8	CERI	10. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCU				
		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M.	MONTH	DAY YEAR					
ı	\simeq	III INJURY OCCURRED	21e. PLACE OF	INJURY		21f. LOCATION	CITY OF	TOWN	COUNTY	47.75
1		WHILE NOT WHILE	(AT HOME, STREET	, FACTORY, OFFIC	E, FARM, ETC.)	SIREEI	CITYON	IOWN	COUNT	STATE
ı	2	22a. I certify that (I) (this hospi	fa) ottended the	deceased from	Cerre	122,19/19	, to 1011	20	. 19 81.	that (1) (we last
ı		saw the deceased alive on abave, (1) (we) (did) (did no			SCO_, on	d that in (my) com opinio	in death accorred an th	e date and ha	our and from the	causes stated
	2	Th SIGNATURE O	0	701 0001111		DEGREE			22c. DATE	SIGNED
		theken C	Gomes	ell	m. r	ATTENDING PHYSICIAN		STAFF SICIAN [1-2	0-81
	2	ZO. PHYSICIAN'S NAME (TYPE O	R PRINT)			22e ADDRESS		0	- 11	4. /
		Stephen C.	Cromw		r.D.	615 W. M.		Roc	Kuille	, Md
	23a BU (SPE	RIAL, CREMATION, REMOVAL Burial	1/22/	'81 ²³	Rocky:	ille Cemete	ry Rockvi	lle, i	Marylan	d STATE

24 FUNERAL DIRETSSON Wheeler Funeral Home, Inc. 1331 Rockville Pike Rockville, Maryland

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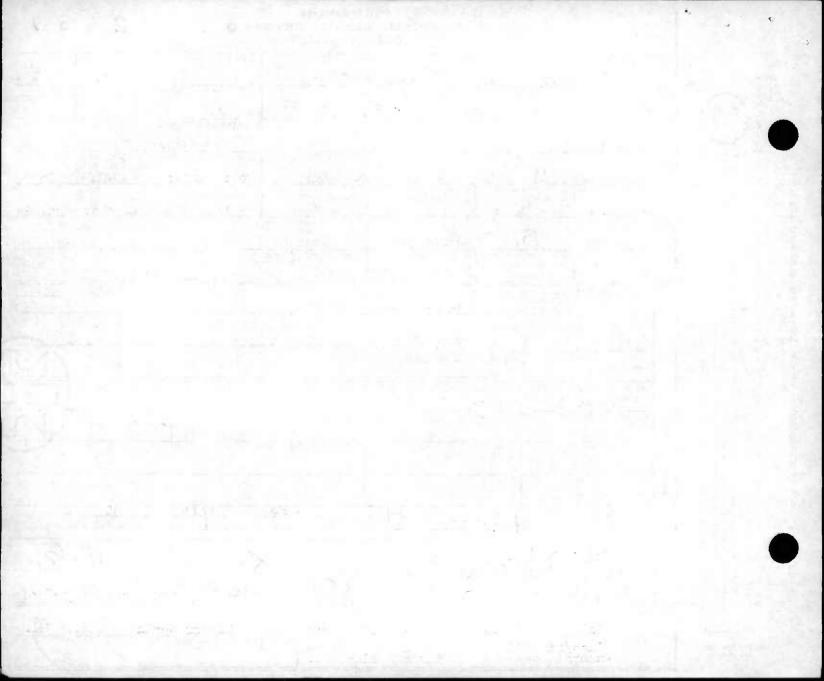
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificats he executed within 24 hours offer death. Page retained by the hospital or attending physician.
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REGISTRAR CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME (INTERIOR NAME) I. DECEASED NAME II. DECEASED NAME II. DECEASED NAME III. DECEAS	-1		FOR			OF MARYLAND		0	2	5 0
The principal of the	10	1.	STATE	DEP	CERTIF	EALTH AND MENTAL H		10.	(m ~)	2 7
RACE S. DATE OF BIRTH DAY TEAR S. DATE OF BIRTH DAY TEAR S. DAY TEAR			OR PRINT)	1	MURTI	Auah	2a DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR 9 49
MICH OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF MOST OF WORKING LIFE) 136. KIND OF BUSINESS OF MOST OF WORKING LIFE) 136. COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS 136. COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS 136. COUNTY 136. MURTAUGH 136. WAS DECEASED EVER IN U.S. ARMED FORCES? 146. SOCIAL SECURITY NO. 17. INFORMANT (Wife) ADDRESS 186. SOCIAL SECURITY NO. 17. INFORMANT (Wife) ADDRESS APPROXIMANTE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MAMEDIATE CAUSE (O) DUE TO, OR AS A CONSEQUENCE OF COUNT OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. O'C. STOTE TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. O'C. STOTE TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. O'C. STOTE TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. O'C. STOTE TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. O'C. STOTE TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. O'C. STOTE TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. O'C. STOTE TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. O'C. STOTE TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. O'C. STOTE TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. O'C. STOTE TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. O'C. STOTE TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. O'C. STOTE TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. O'C. STOTE TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. O'C. STOTE THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. O'C. STOTE THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. O'C. STOTE THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. O'C. STOTE THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. O'C. STOTE THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. O'C. STOTE THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. O'C. STOTE THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. O'C. STOTE THE TERMINAL DISEASE O	7	3.5E		4 RACE	нтиом	DAY YEAR	-	MO		HOURS MIN
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17th OF-JWORK FOR MOST OF WORKING LIFE 17th OF-JWORK FOR MOST OF WORK F	47	10.6	AShington DC.	76. CITIZEN OF WHAT COUN	MARRIE	/	9. BALTIMORE CITY C	_	_	
130. STATE 13b. COUNTY 13 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13e. STREET ADDRESS 15d. MOTHER'S MAIDEN NAME 15d. MOTHER'S NAME 15d. MOTHER'S NAME 15d. MOTHER'S NAM	18	Si	TY OR TOWN OF DEATH			ROTHER INSTITUTION	TYPE OF WORK FOR MOST	OF WORKING LIFE)	INDUSTRY	
Thomas J. Murtaugh Frances U. Lewis 160 WAS DECEASED EVER IN U.S. ARRED FORCES? (YES, NOOR UNKNOWN) None 160 SOCIAL SECURITY NO. 2/4-03-9379 Mary E. Murtaugh ADDRESS MYST E. Murtaugh ADDRESS MODE ADDRESS MARY E. Murtaugh APPROXIMATE MITERVAL BETWEEN ONSET AND DEAD DUE TO, OR AS A CONSEQUENCE OF. Conditions, if ony, which gove rise to immediate cause (a), storing the underlying cause (bst. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)	35	m	ARULAND MON	INTY INTY CITY OR	TOWN .	YES NO	1400 FEN	wick	hA.	Apt.2
(YES, NO OR UNKNOWN) None 214-03-9379 Mary E. Murtaugh SAME AS ITEM #13 PART I. DEATH WAS CAUSED BY: Mary E. Murtaugh SAME AS ITEM #13 Mary E. Murtaugh SAME AS ITEM #13 Mary E. Murtaugh SAME AS ITEM #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF	50		Thomas	J. Murta	augh	Frances	MIDDLE U.			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1		(IF YES, G	GIVE WAR OR DATES)	3-9379		ire)		rem #13	3
	ony injury, or orner froumo	CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING	EQUENCE OF			20b. IF YES, V	WERE FINDING	GS USED
216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2)	9	MEDICAL (P.M. 21e PLACE OF INJURY	19	211. LOCATION STREET			COUNTY	STATE
OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (ALT HOME STREET SACTORY OFFICE SARM ELC.) STREET CITY OR TOWN COUNTY STATE			sow the deceased alive a	January 12.	19 <u>81</u> , or	DEGREE			and from the co	ouses stated
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK 22a. I certify that (I) (this hospital) altended the deceased from 12 5 19 0 to 19 0	1		THE PURPLE THE	4 245	<i>)</i>		SORGH-A	VE S	wsn'	181 Span
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. HOME, STREET, FACTORY OFFICE, FARM, ETC.) 21d. INJURY OCCURRED 21d. HOME, STREET, FACTORY OFFICE, FARM, ETC.) 21d. LOCATION STREET CITY OR TOWN COUNTY STATE 220-1 certify that (1) (this hospital) attended the deceased from 12 5 , 19 80 , to 19 81 , that (1) (we) 19 81 , that (1) (we) 19 81 , and that in (my) (our) apprison death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF			SPECIFY)				CITY OR TOWN	Spring	Monf-	a Md
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHITE AT WORK NOT WHITE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from 12 5 19 80 to 17 19 81 that (1) (we) 19 50 obove, (1) (we) (did) (did not) view the body after death. DEGREE 230. BURIAL, CREMATION, REMOVAL 23b, DATE 236. NAME OF CEMETERY OR CREMATORY 123d, LOCATION 236. BURIAL, CREMATION, REMOVAL 23b, DATE 237. NAME OF CEMETERY OR CREMATORY 123d, LOCATION 198. LOCATION COUNTY STATE CITY OR TOWN C		24 FI	INERAL DIRECTOR NAME Hines/Rin Funeral H	naldi ADDE		N.H.Ave. 25a D		25b. REGISTRA	Charles of the last	×7



TO H	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the hospital or attending physician.	
show!	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the principal creater, page 3 should be detached for use as the buriol-transit permit. Then please remove carban pages? Pages 1 and 2 should be filed the state Dest of Health and Mental Hasien prior to buriol, cremotion, or removal.	
MPC	MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical pressure must be notified.	
_	7	

STATE OF MARTEARD	04
EPARTMENT OF HEALTH AND MENTAL HYGIENE	d
CERTIFICATE OF DEATH	

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1	- STATE REGISTRAR		CE	RTIFICATE OF DEATH	I DEC NO	
h	. DECEASED NAME	FIRST	MIDDLE	LAST	REG. NO. 20. DATE OF DEATH MON	TH DAY YEAR 26 HOUR
1	(TYPE OR PRINT)	7 1.1.	-	1/1000	,	0/ 0/ /-
1		ENNY	100	DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	O. 01 10.341 M
I.	3. SEX			MONTH DAY YE		MONTHS DAYS HOURS MIN.
	MALE		HITE	3-16-19	9 61	YRS.
. 1	To. BIRTHPLACE (STATE OR F	OREIGN 76 CITIZEN OF	WHAT COUNTRY? 8.	ARRIED NEVER MARRIE	BALTIMORE CITY OR CO	DUNTY OF DEATH
1	WASHINGTON	D.C. U.S		DOWED DIVORCE		MERY MD.
	O. CITY OR TOWN OF DEA			OME OR OTHER INSTITUTIO		12b. KIND OF BUSINESS OR
N.	SHUTP SOOL	A I (IF NOT IN SU	CH FACILITY, GIVE STREET ADDRE	HOSPITAL	TTPM TO THE TOP WORK FOR MOST OF WO	
į,	USUAL RESIDENCE (IF NURS	ING HOME OR OTHER INSTITUTION		SSION)	IRM Retire	<u>d</u>
4	13a STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIM		
	Md.	Mont.	I S.S.	YES NO [- 19915 Fast L1	ght Drive
0	FIRST	MIDDLE	LAST	FIRST	WIDDLE	LAST
U	Leon Nagro			Domenio	a Lozupone	
1	(YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	16b. SOCIAL SECURITY	NO. 17. INFORMANT	ADDRESS	
1	Yes	WWII	579 14 003	8A Blanche B	'. Nagro(Wife) Sa	me as above
f		H (Enter only one couse pe				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DE ATH W	AS CAUSED BY:	ACUTE MYO		FARCTION	36 HRS.
1	1111110	4.0.000			The control of the co	
1	77/0		or as a consequence	OF		
	Conditions, if ony,					
1	couse (a), statin	g the DUETO	OR AS A CONSEQUENCE	OF		
1	underlying couse	lost.				
1			ONTRIBUTING TO DEAT	H BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CONDITI	ON GIVEN IN PART 1(0)
	CONGES 190. DATE OF OPERA 1 ZO 6 (210. ACCIDENT WAS UNK	TIVE HEAF	T FAILURG			
	Na. DATE OF OPERA			RATION WAS PERFORMED		b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
1	E 1129 81	AORT	DILLAS OCCUU	SIVE VASCHUAR DISTAS	A LUCE TO NOTE A	YES NO
5	210. ACCIDENT WAS UNE		OF INJURY	21c. HOW INJURY C	OCCURRED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)
		CAUSE OF DEATH	.M. MONTH DAY	YEAR		
1	(IF EITHER NOTIFY MEDICAL STATE OF CONTRIBUTING) 1		OF INJURY	211, LOCATION		
1		(AT HOME, S	TREET, FACTORY, OFFICE, FARM, E	STREET	CITY OR TOWN	COUNTY STATE
	AT WORK AT WO			2	= 1/31	81
		(this hospital) attended to	he deceased from	. 19_	81,10 1/31	, 19, that (1) (we) lost
1	sow the decease above, (1) (we) (did) (did not) view the bod	y ofter death.	, and that in (my) (our) o	pinion death occurred on the date o	and hour and from the couses stated
1	226. SIGNATURE	K-151	w %	DEGREE		22c. DATE SIGNED
1	4mus	(Cofolio)	(1)	ATTEND PHYSIC	ING MEDICAL STAFF	1/31/81
П	22d. PHYSICIAN'S NA	AME (TYPE OR PRINT)			218 WISCONSIN 1	
	Louis	KOZLOFF, N	(.)		ETHESDA, MD. 20	
+	23a. BURIAL, CREMATION,			OF CEMETERY OR CREMA		70.17
1	(SPECIFY)				CITY OF TOWN	ring Mont. Md.
1	Burial	2/4/8	I Gate	or Heaven Ce	metery Silver Sp	EING MOHE. Md.
	14 FUNEBAL DIRECTOR	0-11	ADDRESS	1 2	FEB RAC'D. BIS STRAR 296	MADE SHARE STONATURE

DHMH-16 30M 2/80 (VRA 15, 4)

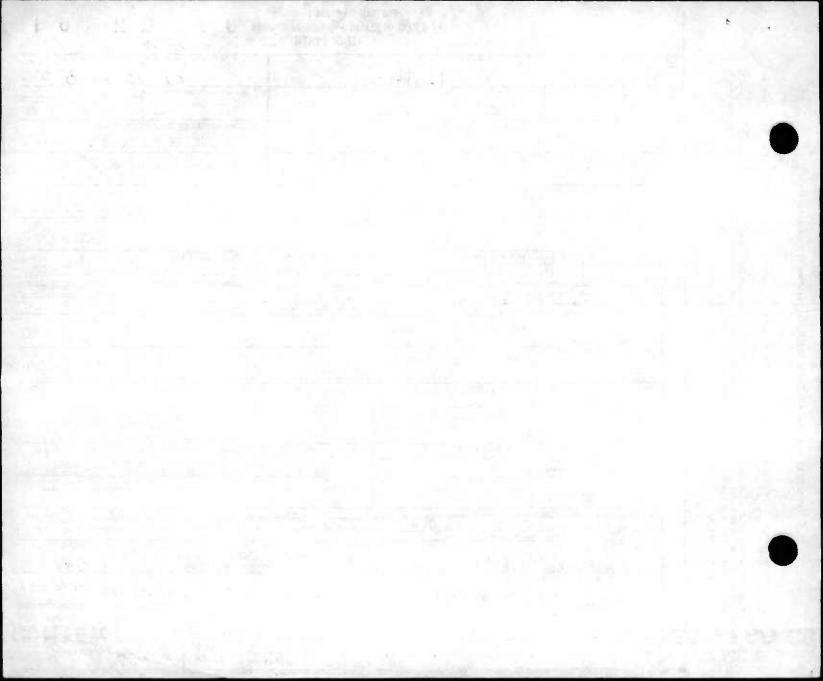
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO HOSPITAL OR ATTENDING PHYSICIAN retained by the hospital or attending physician.

K	1.	FOR STATE REGISTRAR				AENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	02561
10		CEASED NAME	FIRST	^	MIDDLE	-41	AST	24 DATE OF DEATH MONTH	- 39
datione.		Sophu	~		Na	Tha		01	1281 5:PM
9	3. SE:	FEMALE		RACE WHITE	2	5 DATE C	DAY YEAR	AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
atronce	7e. BI	RTHPLACE (STATE OR FO	DREIGN 7h		WHAT COUNTRY?	JUNE	24, 1907	9 BALTIMORE CITY OR CO	YRS. LINTY OF DEATH
197	C	POLAND		USA		MARRIE	D NEVER MARRIED	RAKXXMORE	
100mg	11	TY OR TOWN OF DEA	ATH 11	LIF NOT IN SUC	HEACILITY GIVE STREET	G HOME C	OR OTHER INSTITUTION NT & NURSING	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK CENTER HOUSE)	12h, KIND OF BUSINESS OR
Ser m	13e S	AL RESIDENCE (# MURS STATE MARYLAND	ING HOMEOR OTH	HER INSTITUTION,	GIVE RESIDENCE BEFORE 13c. CITY OR TOW BALTIMO	N	134. INSIDE CITY LIMITS?	13. STREET ADDRESS 3000 FALLSTA	AFF MANOR CT. 2120
3 o o dia S	14 FA	THER'S NAME EZEKI	EL MIDI	DIE	TERREN		IS MOTHER'S MAIDEN NA FIRST ANNA	WIDDIE	LIÑŜT
t, the med	16a V	VAS DECEASED EVER (ES, NO OR UNKNOWN) NO	IN U.S. ARME I # YES, GIVE WA		213-26-	_		ED NATHANGENS ESTER LA., ROC	CKVILLE, MD 20852
y, or other trauma	100	Conditions, if ony, gave rise to improve to stating underlying cause	nediote ig the	DUE TO, OI	R AS A CONSEQUE	NCE OF	ulmaning arre-	4	1 week.
ygiene prior to bur 18 shows any injur	CERTIFICATION	Orga 190 DATE OF OPERA	INIC bra	IN SYP	TION FOR WHICH	q/e	CUB, PUS COL	YES NO NO	IFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
or Item	ICAL CE	218. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH	216. TIME O HOUR A.	M. MONTH DA	YEAR	1216 HOW INJURY OCCUR	RED JENTER NATURE OF INJURY IN IT	EM 18, PART T OR PART 2)
marked o	MEDI	21d. INJURY OCCUR!	HILE 🗀	21e. PLACE ((AT HOME, STR	OF INJURY LEET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
Dept. of Heal of Item 21 is		220-1 certify that (1) saw the decease above, (1) (we) (c 22b. SIGNATURE	ed alive an	Jan	8 19 8		DEGREE	MEDICAL STAFF	19 2 , that (f) (we) lost and hour and from the causes stated
with the State IMPORTANT:		22d. PHYSICIAN'S NA	AME (TYPE OR PR		OBERG		PHYSICIAN	Moderation Depresicion (SPRING MARKAI
3 4	(:	BURIAL	REMOVAL	736. DATE			FILOH	BALTIMORE	COUNTY STATE MARYLAND
16 25M , 4) 1/79	24 F		OL LEV		β BR OS S,	INC.	250. DAT	N 21 1981	EOISTRAR'S SIGNATURE



FOR - STATE

REGISTRAR

23a. BURIAL, CREMATION, REMOVAL

(SPECIFY)

Burial

24 FUNERAL DIRECTOR

23b. DATE

1/12/81

		OR PRINT)	1 1)	MIDDLE	1	ASI	20. DATE OF DEATH MONTH	H DAY YEAR	HOUR
		MAY	tha		Ne	wton	danuary "	9, 1981	Mino
(m	3. SE	- 1	4 RACE	1	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	HOURS M
(10		Female	wr.	ite	5	26 88	92	YRS.	
-97		RTHPLACE (STATE OR FOREIGN DUNTRY)		WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH	
6 / /		england	USA		WIDOWE		Monto	gome	14
39,	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN THEACHLITY, GIVE STREET,		R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND (INDUSTRY	
10)	Iver spring	- Col	onial 2	114	VursingHom	e Housewit	fe	
300	13a. S	TATE 136 CO	UNTY	I 36 CITY OR TOW		134 INSIDE CITY LIMITS?	130 STREET OF Lock	rroad Dr	ina
0	_		nt.	5.5.		YES NO		CWOOD DI	146
165		THER'S NAME	MIDDLE M o	ttershe	a d	Elizabeth	WIDDLE	Radclif	Te.
ě		homas					Sligo Ameel		
edico	0	(IF YES, C	GIVE WAR OR DATES)	166 SOCIAL SECU	MOY -		ller(Daughte		
he m	- 1			11000	7810	mis.kay ra	1101 (5008110)		XIMATE INTERVAL
ent, t		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly ane cause pe SED BY:	0				BETWEEN	ONSET AND DE
ceve		IMMED!	ATE CAUSE (a)	Wap	4 00	10,4			
Hat.		0/80	DUE TO, C	R AS A CONSEQUE	NCE OF		Last Alders		
trau		Conditions, if any, which gave rise to immediate	(b)_	(VKI)	ens	els pousine	to tucopy		
ther		cause (a), stating the underlying cause last	DUE TO, C	R AS A CONSEQUE	NCE OF		V		
ő		BART 2 OTHER SIGNIFICANI	T CONDITIONS C	ONTRIBUTING TO F	SEATH BUIT	NOT BELATED TO THE TERM	INAL DISEASE OR CONDITIO	NI CIVEN IN PART 1	
njury	Z	Frence -	tremed	Comer.	Ogni		el Cotoros levos		
any	ATI	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY? 20b.	IF YES, WERE FIND	NGS USED
Smoot	CERTIFICATION			0			YES NOD	YES CAUSES	NO [
8 3	CER	210. ACCIDENT WAS UNDERLYING	216. TIME C	FINJURY M. MONTH DA	V VEAD	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY HTT	PA 18, PART 1 OR PART 2)	
E a	CAL	OR CONTRIBUTING CAUSE OF I	JEAIN .	M. MOITH	19)	
a l	MEDICAL	214 INJURY OCCUPRED		OF INJURY	A PAA ETC)	21). LOCATION STREET	CITY OR TOWN	COUNTY	STATE
rked	2	AT WORK AT WORK	(ATTOME, ST					- 1	
E		22a.1 certify that (1)(this has	spital) attended th	ne deceased fram_	19	19	to Jon 9	. 19.	that δ (we)
121		saw the deceased alive abave (1) (we) (did) (did	not) view the bady	after death.	, an	d that in 🚳 (aur) apinion o	death accurred on the date an	id hour and from the	couses stated
Herr		128 SIGNATURE	1- IN	1		DEGREE		22t. DATE	SIGNED
IT. If		enaus #	1an	+	,	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN [J 96	9-81
TAN		Ad PHYSICIAN'S NAME (THE	OR PRINT)	1 -		22e. ADDRESS	1001	C 4 0	2
PO		Charlesht	runklin	JY		11200 Lock u	100d R S.l.	Sp. Mil	2090
. ≤	22- 0	URLAL CREMATION REMOV	I DATE	122. 1	IAME OF C	FILETERY OR CREIL LEGRY	124 LOCATION		

DHMH - 16 50M 1/76 (VR A 15 (4))

Hines/Rinaldi F.H.11800 N.H.Ave.S.S.Md

231. NAME OF CEMETERY OR CREMATORY

Nat.Mem.Park

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

₽ HOUR 11:00 F

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

that 6 (we) lost

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

73d LOCATION
Falls Church, Va.

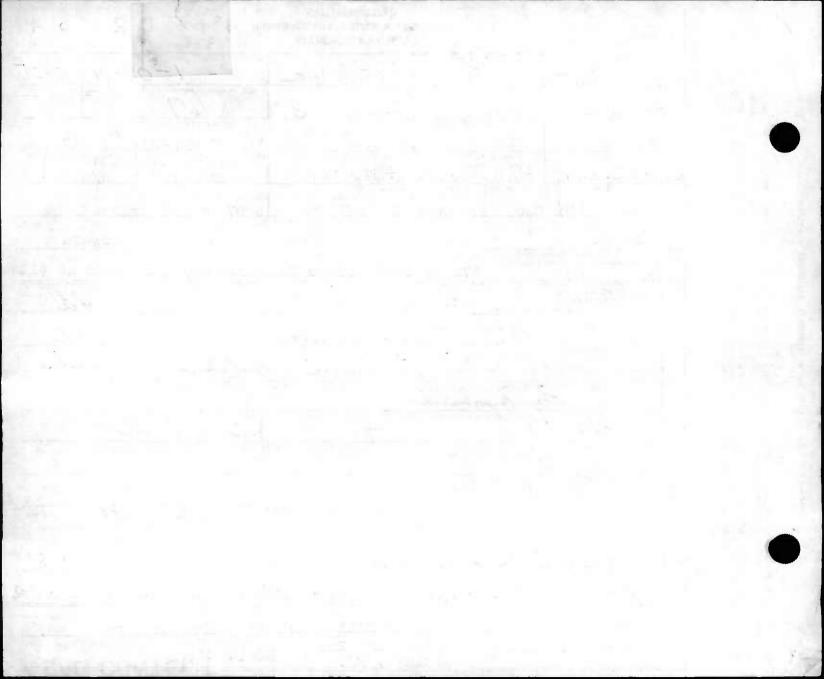
	40 HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.
DIVISION OF VITAL RECORDS, 201 W. PRESION SI., BALLIMORE, MARTLAND 2120	4 hor
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5	TO HOSPITAL OF ATTENDING PHYSICIA
	Dr.

h. Page 4 may be

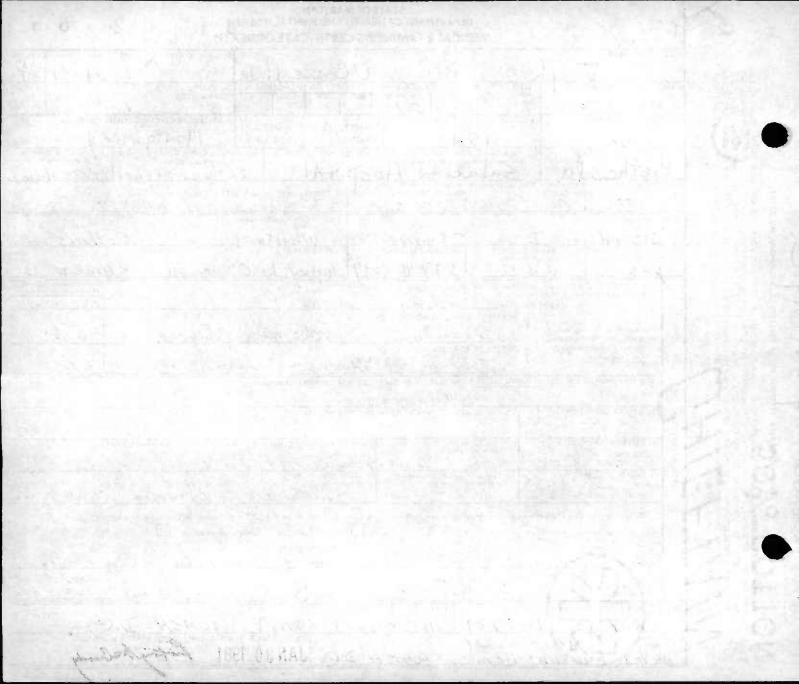
	1.	FOR STATE REGISTRAR		DEPARTA	CERTIF	E OF MARYLAND BEALTH AND MENTAL HYG BCATE OF DEATH	REG. NO		2 5	6 3
page 3 r death		CEASED NAME FIRST		MIDDLE		AST ITINGALE	JANUAR	MONTH DAY	1981	5:25 A.M
s after de	3 SE	FEMALE	4 RACE WHI	TE	DEC.	25 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
72 hour	7a. B	RTHPLACE (STATE OR FOREIGN OUNTRY). POLAND		WHAT COUNTRY?	L	D NEVER MARRIED	MONTGOME	R COUNTY O	F DEATH	MD.
ed within	10 C	LVER SPRING	(IF NOT IN SU	HOSPITAL, NURSIN ICH FACILITY, GIVE STREET, BHASE NURS	G HOME (OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWIF	WORKING LIFE	INDUSTRY	F BUSINESS OR
and be fill	13- 6	AL RESIDENCE (IF NURSING MOA STATE ARYLAND MON	NE OR OTHER INSTITUTION OF THE COMERY	HEVY CHA	ADMISSION)	YES NO	13r. STREET ADDRESS 4701 WIL	LARD A	VENUE	
and 2 sho		ATHER'S NAME NIGDOR	WIDDLE	RYTMÂN		IS MOTHER'S MAIDEN NAME ESTHER	MIDDLE	1	MAL	KA
Pages 1, the me	160	VAS DECEASED EVER IN U.S. VES. NO OR UNKNOWN] (IF YES.	ARMED FORCES? GIVE WAR OR DATES!	053-18-7		MONROE MIZEL	ADDRE ., 26813 DIX			MASCUS ME
as been signed by the attend print. Then please remove carb print to burial, cremation, to was any injury, or other trau	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse iol, stating the underlying cause lost PART 2 OTHER SIGNIFICAL	DUE TO, (b)_ TIC)_ NT CONDITIONS (NCE OF	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CONI	20b. IF YES,	WERE FIND IN	NGS USED
ficate han nsit pern Hygiene n 18 sho	CERTIFIC	21a. ACCIDENT WAS UNDERLYING		OF INJURY		21c HOW INJURY OCCURR	YES NO.	YES		NO []
ERAL DIMECTOR: Atter misceria sedesebed for use as the burial-tran State Dept, of Health and Mental ANT: If Item 21 is marked or Iten	MEDICAL	OR CONTRIBUTING CAUSE O (BETHER, NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK IN HORN 22a. I certify that (I) (this hoove, (I) (we) (did) (did) 22b. SIGNATURE 22d PHYSICIAN'S NAME (T)	PREN STANDARD STANDAR	5/8019	19 ARM, ETC.]	21f LOCATION STREET and that in (my) (our) opinion of the control	city on tow death occurred on the do	19 te ond hour d	_	
TO FUNERA should be deta with the State			EVANS, M		AME OF C	5480 WISCONST	23d. LOCATION CITY OF TOWN	N. W.,	OUNTY THE C	STATE OF THE STATE OF
IMH-16 25M A 15, 4) 1/79	24 F	DUNALDIM STE 232 CARROLL S			L FUNI	ERAL HOME JAN	REC'D. BY REGISTRAR		本 色	199

Employee the second sec MAL TELESCOPERS, "SEEL SERVICE OF THE PARTY THE STATE OF THE S TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	1.	FOR - STATE REGISTRAR	D		EALTH AND MENTAL HYG FICATE OF DEATH	IENE 3	0 2 5	6 4
9 th	(TYP	CEASED NAME RIST	MIDDLE	Non	athedge	2e DATE OF DEATH	MONTH DAY YEAR 1-09-81	26 HOUR
(M)	3 SE	Female	White	S. DATE MONT		6. AGE (IN YEARS LAST BIR	YRS. MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
funeral in 72 h	Wa	IRTHPLACE (STATE OR FOREIGN OUNTRY) AShington DC ITY OR TOWN OF DEATH	USA	MARRIE		Montgo	mery of DEATH	nty MD.
iled with	Si	luck Sprine	11. NAME OF HOSPITAL,	LOSS H	spital	120 USUAL OCCUPAT TYPE OF WORK FOR MOST OF Homemake	F WORKING LIFE INDUSTRY	DF BUSINESS OR
should be f	Ma	AL RESIDENCE V # NURSING HOME STATE 136 CDI Aryland Pr ATMER'S NAME	Geo Fore	stville	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA.		iel Drive	
complet 1 and 2 s		Ernest	MIDDLE	Îen	Jane	S.	Howa	
Pages 1 a	160 (WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) 1 F YES, G	IVE WAR OR DATES)	AL SECURITY NO.	Goldie Tal	bert-Daug		as #13
attending physic ove carbon papers ation, or removal ner traumatic ever		Conditions, if ony, which	ED BY	lnovery	Enlste shilutes		APPROX BETWEEN	WE
en signed by the hen please reme r to burial, crem ny injury, or oth	NO	gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CO	blee	NOT RELATED TO THE TERM	Leules OR CON	DITION GIVEN IN PART 11	seks .
t permit. T giene prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	YES NO	206. IF YES, WERE FINDING IN CERTIFYING CAUSES YES	
is certifical is certifical is certifical is lented Hyon or I tem 1		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	EAIN	TH DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2]	
After thi the buri h and Mi	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY	, OFFICE, FARM, ETC.)	21F LOCATION STREET	CITY OR TO	wn county	STATE
ECTOR: for use as of Healt		220.1 certify that (1) (this has	pital) attended the deceased in an interpretation of the body after death	1 - 1	nd that in (my) (our) opinion	deoth occurred on the d		that (I) (we) last couses stated
RAL DIR detached tate Dept		27h SIGNATURE	e Benj			MEDICAL STA	FF ZIAN [10-81
TO FUNERAL should be detain with the State		224 PHYSHITAN'S NAME ITYPE	J. Boy	18 por	270 ADDRESS 5103 M	BARLBORD	of H.	1/s so be
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OHMH-16 25M /RA 15, 4) 1/79	24 F	wardself E.		eral Ho	me inc	AN 1 3 1981	256. REGISTRAR'S SIGNAT	URE



			FOR		C			ARYLAND AND MENTAL	HYGIENE	0	2	3 1	5 5
1	+ 5		STATE REGISTRAR		MED	ICAL EXAM	INER'S	ERTIFICATE	OF DEATH	REG. NO.	Ban	~,	
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	F ANY DI AND 3 T RETAIN HOULD B	13ø. S	MB	MONT	60 2468	BETHES		13d. INSIDE CITY LIMITS? YES ON NO	13e. STREET ADD	Rockit	UKS:	7 1	59
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0)	FTER DE PAGE FORM FORM ON ON ON ON	16a. V	VAS DECEASED EVER II	(IF YES, GIVE WAR OR	DATES)	166. SOCIAL SECU		17. INFORMANT		ADDRESS			
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7	51. 8 HOUR 1 18. IG W		PART I DEATH WA	(Enter only one S CAUSED BY:	cause per line	far (a), (b), and (c).)		1111-			4	BETWEEN	MATE INTERVAL
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		ERT	21a EXTERNAL CAUS	E-WAS	21b. TIME OF	INTURY	121c HC	OW INJURY OCCURR	ED ZENTER NATURE OF	EINII IRY IN ITEM 18 PAI	RT 1 OR PART	YES !	NOW
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5	R: FS: 7		226. I certify that I t	aak charge af th	ne remains desc	ribed abave, held a	n Autap	sy , Inspecti	an A Inqui	ry and	in my apin	ion	
8	EXAMINE CERTIFICA JID BE FO DIRECTOI WITH THI ARYLAND	PK	death resulted fram:	Number of con-	nes 10.	Acceptent .	Spiniste _	Hamicide	Undetermined	manner,			
	EXAL CERT UID DIRE WIT		ACTUAL		1.16	11/1/11	N	TITLE (SPECIFY)			DATE	,/	20/01
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10	MED CUTE SE 4 FUN FUN FINO	-	EXAMINER'S NAME	RANCIS	6	MAYLE		ADDRESS 8200	Wiscour	NH 10- E	SOT	465	Der 11/2
4	TO MEDICAL EXAM EXECUTE THE CERTIF PAGE 4 SHOULD BI TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARYLA	23a, B	JRIAL, CREMATION, RE		TE	23c. NAME OF			23d. LOCATION	v .	COLINT	Y	STATE
,,	BP		Byein	5 1-	-27-8	MT.	Olivi	T (Fen	u	JASH.	D.C	0	\$1A1E
4	DHMH - 17 (VR A15 ME (5))	24. FI	NERAL DIRECTOR	John F.	Desta			250. DATE	REC'D. BY REGIST	RAR 251 REGIST	RAR'S SIG	NATURE	
	15M7/77	1	EVOI FA	NERAS	Homi	E WY	BH.	O E JAN	30 1981	hopen	Mel	Acody	



	DIVISION OF VITAL RECORDS, 201 W. FRESTON St., BALLIMORE, MARTLAND 21201	
ATTENDIN hospital or	R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 ma hospital or ottending physician.	90
RECTOR: Af	IRECTOR: After this certificate has been signed by the attending physician and completely filled in by the former and former or the price of the bright-price parmy. Then places semmes appropriate Dates I and 2 should be filled.	W 1

4	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		0 2 5	6 6
noy be		CEASED NAME FIRST CONST	ance E	offu#	REG. No. 2a. DATE OF DEATH 4 AGE (IN YEARS LAST BIR	MONTH DAY YEAR	26 HOUR 19 15 M
Poge 4 n		Female RTHPLACE (STATE OR FOREIGN	BVACK 76. CITIZEN OF WHAT COUNTR	MONTH 29 40	40	YRS. PR COUNTY OF DEATH	HOURS MIN.
r deoth.		D, C,	U, S, A. 11. NAME OF HOSPITAL, NURS	MARRIED NEVER MARRIED WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	MONTO	SOMERY ION 12b. KIND OF	MD.
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ithin 24 h		THER'S NAME	ntg Gaithe	YSburg Yes No 15 MOTHER'S MAIDEN N	STREET ADDRESS	horningview	1 DRIVE
comple 1 and 2		/AS DECEASED EVER ITY U.S. AR.	MED FORCES? 166. SOCIAL SEE WAR OR DATES!	curity NO. 17 INFORMANT	ntine ADDRE	I, 4/11 LAST (16/01)	rabs Br
icate be executively bysicion and opposes. Pages ovol.		NO	ly one cause per line for (o), (b),	0-3630 Variency	BAKEr (DAUS	9hter Derwood BETWEEN O	ANTE INTERVAL
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ne law requirence on the sperm of the sperm of the sperm of the swa any injurence of the swa and	CERTIFICATION	Diale les 19a. DATE OF OPERATION	196. CONDITION FOR WHICE) TH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES (GS USED OF DEATH? NO
HYSICIAN: The nating physicio priss certificate burial-transit is Mental Hygie or Item 18 sho	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTHEY MEDICAL EXAMINER 21d. INJURY OCCURRED	TH HOUR A.M. MONTH	DAY YEAR 19 211. LOCATION	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2}	
rending PH tal or ottena OR: After this ruse os the k Health and I is marked o	MEI	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E FARM, ETC) STREET	city or to	9 1986, 1	hot (I) (we) lost.
O HOSPITAL OR ATT efoined by the hospi TO FUNERAL DIRECT should be detoched to with the Stote Dept. of MPORTANT: If them 2		obove, (H) (we) (did) (did no The STOP MATURE 22d. PHYSICIAN'S NAME (TYPE O	ry view the Body ofter death.	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAI DIRECTOR PHYSIC	FF IAN 1/10	Md.
Bb retoin		URIAL CREMATION, REMOVAL	23b. DATE 1-16-81 L	15E Drer fa NAME OF CEMETRY OR CREMAJORY INCOIN PAKE CEN	23d QCATION CITY OS TOWNS	les Monta	20760 Md1
DHMH-16 30M 2/80 (VRA 15, 4)	G	eorge R. Sno	Wden ROCKY	Wash, ST. 130 J	ANEL DE 1985 RAR	25 PUGISTRAYS SIGN U	utering

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7	M)
E, MARTIAND 21201	ecuted within 24 hours after death. Page 4 may be	completely filled in by the funeral director, page 3 1 and 2 should be filed within 72 hours after death

STATE OF MARYLAND

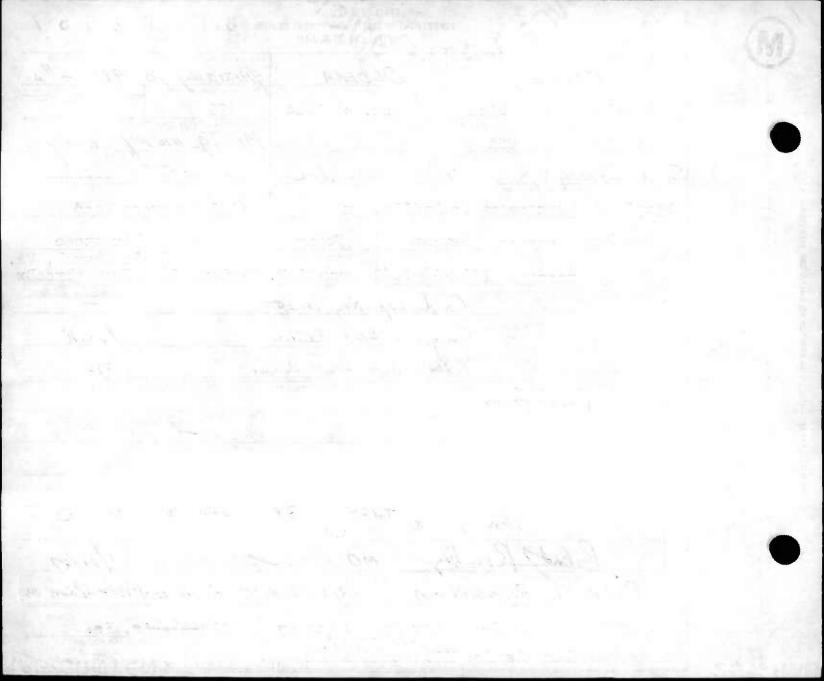
	l - STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	10.	Cra C			
	1 DECEASED NAME FIRST (TYPE OR PRINT) BESS	MIDDLE	0	hcan	20 DATE OF DEATH	MONTH DAY	YEAR	26. HOUR		
			0.5	DERG	4 Mila Ru		JNDER I YEAR	# UNDER 24 HRS		
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	7a. BIRTHPLACE (STATE OR FOREIGN	75 CITIZEN OF WHAT COUNTRY?	L		9 BALTIMORE CITY O	YRS.	DEATH			
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)	Silver Spring	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Housew)	OF WORKING LIFE)	126. KIND C	OF BUSINESS OR		
1	136 STATE 136 COL	on other institution, give residence before Justy 13c. City or town troomery Rocky	VN	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 6121 M		e Roa	ad		
***	14 FATHER'S NAME			15 MOTHER'S MAIDEN NAM	ME					
	Abraham -	Newma	n	Fanny	WIDDLE		irest	tone		
	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDR	ESS Falls	s Chi	urch, Va		
	No	214-74	-3660	Farrell R.	Werbow:			eybráeDr		
	IL CAUSE OF DEATH (Enter of	only one couse per line for (a), (b), or					APPROX	ONSET AND DEATH		
	PART I. DEATH WAS CAUS	SED BY:	1 una	inter met	-					
	4140 Conditions, if any, which	DUE TO, OR AS A CONSEQUE	ENCE OF	Heart Failure			1 we	ich		
	gave rise to immediate cause (a), stating the underlying cause lost.	cause (a), stating the DUETO, OR AS A CONSEQUENCE OF								
		CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	0)		
)	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WIN CERTIFYIN	IG CAUSES			
9	OR COMPRESSION OF CAUSE OF DE	EATH HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCURR	ED JENTER NATURE OF INJU	RY IN ITEM 18, PART	1 OR PART 2)			
	JIF EITHER, NOTIFY MEDICAL EXAMINE 21d. NUTURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE,		211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE		
	sow the deceased alive a	220.1 certify that (1) (this haspital) attended the deceased from TULY, 19 H, to 19 H, though lost sow the deceased alive an 19 H, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.								
	276 SIGNATURE BAS	1) Rember		MO ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	IZC. DAJE	SIGNED		
	12d. PHYSICIAN'S NAME (TYPE	COSTNBERG, M.	Ø,	1/3/ UNI WE	SIM BLU	D W.SIL	iuns	SPRANC, MO		
	230. BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COL	UNTY	STATE		
	Burial	1-11-81 Ha	r Net	oo Cemetery	Philade	elphia	, Pa.			

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by i should be detached for use as the burial-transit permit. Then please re with the State Dept. of Health and Mental Hygiene prior to burial, or IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or

ATTENDING PHYSICIAN:

Philadelphia, Burial 1-11-81 Har Nebo Cemetery
Rockville,Md. 250 Danzansky-Goldberg Chapels; 1170 Rockville Pike



STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DECEASED NAME TREE MODEL CASE	1	FOR		0	EPARTMENT OF	HEALTH	I AND MENTAL H	HYGIEN	E	0 2	5 6	9	
DEFERRED MANNE THE MODIL LAST THE REMARKS MODIL DEFENSE THE	1	= STATE REGISTRAR	STATE MEDICAL EVAMINED'S CEPTIEICATE OF DEATH										
SEX CRACE SORTEO F BETH ALL SECTION CRACE SORTEO SORTEO SORTEO CRACE SORTEO CRACE SORTEO SORTEO CRACE CRACE SORTEO CRACE	1	DECEASED NAME	FIRST		MIDDLE		LAST		20. DATE KNOWN X		DAY YEAR	24 HOUR	
Second Control Contr		(TYPE OR PRINT)	Manada			D	adaatt			1 1/4	10 81	1.00	
Female White Name Day Note Day Development Day	3	SEX 14 R			I AGE IINYE			24 HRS		_/ '			
The property of the property		2 200		MONTH DAY	YEAR LAST BIRTHD	MONT			PRONOUNCED	- /1.	07	1:05	
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B. CHOSTON OF DEATH	4	FOREIGN COUNTRY)	DK .	78. CITIZEN OF WH	AT COUNTRY?				-	_			
Wheaton , Randolph Hills Nursing Home Clerk U.S. Gov't Randolph Hills Nursing Home Clerk U.S. Gov't Randolph Hills Nursing Home Clerk U.S. Gov't State State Nursing Home Clerk U.S. Gov't State State Nursing Home Clerk U.S. Gov't Nursing Home Cler				United	States								
SSTATE STATE	1). CITY OR TOWN OF DEATH											
Maryland Montgomery Chevy Chase Montgomery Montgomer	7				Randolph Hills Nursing Home Clerk								
Maryland Montgomery Chevy Chase Vest No.						ION)	134 INSIDE CITY LIMITS?	130. STR	REET ADDRESS				
15. MOTHER'S MADIE 1.6.51 1.6.5	Т					se	Total Introduction Committee			se La	ke Driv	re	
Henry T. Padgett 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 176 NO 263-80-0739 Louise Moran, Same as item #13 187 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) 188 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) 189 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) 180 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) 181 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) 182 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) 183 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) 184 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) 185 CAUSE OF DEATH (b), and (c), and (c) 185 CAUSE OF DEATH (b), and (c), and (c) 185 CAUSE OF DEATH (b), and (c),	Ť	4. FATHER'S NAME						ENNAM	E AMPONE		LAST		
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B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)	1		(IF YES, GIVE	WAR OR DATES)	263-80-0	739	Louise	Mora	n Samo s	e it	om #11		
PART IDEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Acute myocardial disease DUE TO, OR AS A CONSEQUENCE OF (b) generalized arteriosclerosis. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEAT BUT NOT RELATED TO THE TEAMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a). Fracture of right hip. 196. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED? 198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED? 199. SERVING FOR WHICH OPERATION WAS PERFORMED? 199. CONDITION FOR WHICH OPERATION WAS PERFORMED? 199. SERVING FOR WHICH OPERATION WAS PERFORMED? 199. CONDITION FOR WHICH OPERATION WAS PERFOR	F		EATH (Enter on	ly one course per line									
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Deputy MEDICAL EXAMINER SIGNED 1/4/81 1919 Seminary Road 1919 Seminary Road ADDRESS Silver Spring, Montgomery, Md. 230 BURIAL CREMATION, REMOVAL 23 DATE USING SCREENEY OF CREMATORY STATE Hallows Episcopal TOTORTOWN Burial 7,1981 Chapel Cemetery Davidson 1 county STATE Chapel Cemetery Davidson 1 county and	1	dediti resolica ii		or cooses Las,		JICIGE		01100					
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EXAMINER'S AME John S. Rogers, M.D. ADDRESS Silver Spring, Montgomery, Md. 230. BURIAL CREMATION, REMOVAL 231 DATE ATT Hallows Episcopa I County		SECOND CHES											
Burial /,1981 Chapel Cemetery Davidsonville Maryland	4		ME Joh	m S. Roge	rs, M.D.	1	ADDRESS Silve	r Sp	ring, Monte	comery	, Md.		
Burial /,1981 Chapel Cemetery Davidsonville Maryland	12	3a. BURIAL, CREMATION	N,REMOVAL 2	January	234 NAME OF CE	METERY C	OR CREMATORY	123d. L	OCATION	COUNT	ry s	TATE	
		Burial								11e	Mary1a	nd	
NAME Robert A. AD Reumphrey Funeral JAN 12 1981	1		Robe	rt A. AD Reu				TEGD. B	198 STRAR	Fry See	Buch		

Rethesda, Maryland

DHMH-17 (VR A15 ME (5)) 15M 7/76

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YO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital an attending physician.

DHMH-16 30M 2/80 (VRA 15, 4)

		FOR					E OF MARYLAND		0	0	2	7 0	
	1 -	STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 U 2 5 / U									
1	1. DEC	CEASED NAME Will	IRST .	D	MIDDLE	D	LAST T.C.C.	-	REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 25 HOUR				
	(TYPE	ORPRINT, WILL:	ıam	Page	appas p	(Pappani	coladi		1-4-8	1		9:35p	
	3. SE)		4.	RACE	1	5. DATE	DE RIPTH		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS	
10	Male			W	rite	MONI	28	13	87	YRS.	DAYS DAYS	HOURS MIN.	
1-7	70. BIRTHPLACE (STATE OR FOREIGN			76 CITIZEN OF WHAT COUNTRY? 8. MARRIED S NEVER MARRIED				FD 🗆	9 BALTIMORE CITY OR COUNTY OF DEATH				
	_(Freece		U.	S. A	WIDOW	ED DIVORCE	ED 🗌		omer	_	м	
0	10. CI	TY OR TOWN OF DEATH	111		CH FACILITY, GIVE	STREET ADDRESS)	OR OTHER INSTITUTION	NO	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O		INDUSTRY	OF BUSINESS OF	
20	Si	Iver Sprin	911	toly	cross	s Hos	pital		Furrier		Reti	red	
16							13d. INSIDE CITY LIA		13e. STREET ADDRESS				
2	Maryland Montg			mery	Silver	Spring			1320 Gresham Road				
50				Pappanicolao 15 MOTHER'S MAIDEN NA FIRST U					MKNOWN LAST				
7		Demetrious VAS DECEASED EVER IN	US ARME	D FORCES?		SECURITY NO.	17 INFORMANT	UIV	ADDR	SS			
4	(1			AR OR DATES)	3.1			anna	s(wife) -	Samo ac	13 0		
							Despina i	appa	is (wite) -	Jame as		IMATE INTERVAL ONSET AND DEATH	
	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) THE LETTER Previous A Pr										1-3-81		
-		410170	MEDIATE								2		
	7	Conditions, if ony, w	hich (Due to, or as a consequence of (b) Dehadration									
		gove rise to immed		DUE TO, OR AS A CONSEQUENCE OF									
	underlying cause last. (c) Hypotensian										100		
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN											01	
	0	Respira	. /	, insufficiency, Left Cerebrovoscular Accident									
3	CERTIFICATION	190. DATE OF OPERATIO	N	195 COND	ITION FOR W	HICH OPERATION	N WAS PERFORMED		200 AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDING CAUSES	OF DEATH?	
2 Shaws	RTI	N mo	visio M.	21b. TIME C	DE INTILIPY		21. HOW IN HIRV	OCCUPA	YES NO	YES		NO DY	
		OR CONTRIBUTING TEAUS	SE OF DEATH	HOUR A	M. MONTH	H DAY YEAR	21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. P.				RT 1 OR PART 2)		
	MEDICAL	(IF EITHER NOTIFY MEDICAL TO 21d INJURY OCCURRED			.M. OF INJURY	19	211, LOCATION						
	ME	WHILE NOT WHILE				OFFICE, FARM, ETC)	STREET		CITY OR TO	WN	COUNTY	STATE	
		22a certify that (I) (4b.	a hospital)	attended th	ne deceased I	rom a	-21-20 19		10 1-14-	87 19	9	that (I) (we) las	
		sow the deceased o	alive an	1-4	-8	~			leath occurred on the d				
П	above, (1) (met (did) (did not) view the bady after death. 22b. SIGNATURE DEGREE									22¢ DATE SIGNED			
	MBP thick IN MO ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D									1-4	18-		
		22d. PHYSICIAN'S NAME			Δ.	. 0	22e ADDRESS Q	146	Colesville	12			
1		6°B +	otri	ck	THE N	V		silv	es soring	Md.	11P OF	0	
	23a. B	URIAL, CREMATION, REA	NOVAL	Januar	v 7		EMETERY OR CREMA		23d. LOCATION	1	COUNTY	STATE	
		Burial		1981	, ,	Gate of	Heaven Ce						
		NERAL DIRECTOR	DT T	11000	AT ADD	PESS .		250. DATE	REC'D. BY REGISTRAR	THE CUSTR	AR'S SIGNAT	URE	
	пт	neš/Rinaldi	rn -	SILVE	New E	ampshir	e Avenue	YHI	1 2 1981	1		7	

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this certificate has burial-transit per Mental Hygiene

FUNERAL DIRECTOR:

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MPORTANT

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FOR - STATE REGISTRAR DECEASED NAME 4. RACE SEX Caucasian 76. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (STATE OR FOREIGN OHIO 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR ((IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BETHESDA SUBURBAN HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INS 13a. STATE 1136 COUNTY 13c. CITY OR TOWN

MONTGOMERY

MIDDLE

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (a

last

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (ζ¹.) PART I. DEATH WAS CAUSED BY:

STATE OF MARYLAND DEPARTMENT OF HEAD CERTIFIC

5. DATE OF E

MARRIED

WIDOWED

LTH AND MENTAL HYG ATE OF DEATH	REG. NO.	23/1
(er	20. DATE OF DEATH MONTH DA	Y YEAR 26. HOUR
IRTH 19 - IYEAR	62 YRS. MO	UNDER I YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.
NEVER MARRIED DIVORCED	Montapmus C	O . MD
OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY
ES 🗶 NO 🗌	13e STREET ADDRESS 2212 PARKER A	VENUE
MOTHER'S MAIDEN NAM	LINSC	OTT
JOHN M. PAR	KER SAME AS 13	HUSBAND
alores		BETWEEN ONSET AND DEATH. 3 - 4 LUCK
ance		2042
	,	
T RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN	VIN PART 1(0)
VAS PERFORMED	20a AUTOPSY? 20b. IF YES, IN CERTIFYE	WERE FINDINGS USED NG CAUSES OF DEATH?

Conditions, if any, which gove rise to immediate cause (a), stating underlying cause PART 2. OTHER SIGNIFICANT

ARTHUR

(YES, NO OR UNKNOWN)

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

MARYLAND

4. FATHER'S NAME FIRST

NO

CERTIFICATION

MEDICAL

WHILE

19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION V

NOX YES 🖂

YES [

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

NOT WHILE

AT WORK

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 21e PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

WHEATON

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

CONDITIONS CONTRIBUTING TO DEATH BUTING

CORNES

166. SOCIAL SECURITY NO.

234-14-9998

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2)

21f. LOCATION STREET CITY OR TOWN

COUNTY STATE

saw the deceased alive an _ abave, (1) (we) (did) (did nat) view the bady ofter death 22b. SIGNATURE

22a.1 certify that (1) (this haspital) attended the deceased from

DEGREE

M DITENDING P MEDICAL DIRECTOR PHYSICIAN 22c. DATE SIGNED

STATE

22d. PHYSICIAN'S NAME (TYPE OR PRINTE

22e. ADDRESS 10400

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY PARKLAWN CEMETERY

23d LOCATION CITY OR TOWN

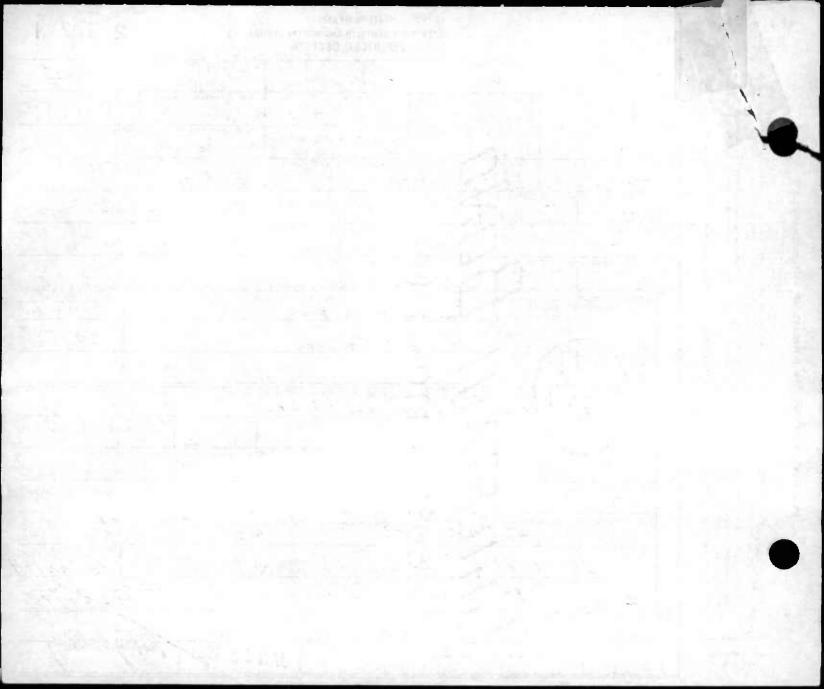
and that in (my) (our) opinion death occurred an the date and hour and from the causes stated

COUNTY

24 FUNERAL DIRECTOR FRANCIS J. COLLINS 500 UNIV. BLVD. . W. . SILVER SPRING . MD

20901

DHMH-16 30M 2/80 (VRA 15, 4)



t vov. bat. State

and 2 show

or use as the burial-transit permit. The of Health and Mental Hygiene prior

shows

is marked or Item 18

MPORTANT: If Item 21

MEDICAL

	STATE OF MARYLAND 1 - STATE									2 5	7	3	
		CEASED NAME E OR PRINT) ELT	ZABO	ETH MAE PA			PAUL	FUL 20 DATE OF DEATH MO			1-2-81 9 PM		
	1 SE	FEMALE		WHI	TE	S DATE O	OF BIRTH DAY PAR DAY PAR PAR PAR PAR PAR PAR PAR P	& AGE (IN YE	ARS LAST BIRTH	MON	INGER I YEAR	# UNDER	MIN.
5	Po	IRTHPLACE (STATE OR FO COUNTRY) PINNS UP VO NÃO ITY OR TOWN OF DEA	7	USA 11. NAME OF F	WHAT COUNTRY?	WIDOW	ED NEVER MARRIED DED V DIVORCED DOROTHER INSTITUTION	MOY 120. USUAL	tgome	N	DEATH	F BUSINE	MD.
1		roma Park		Washin	gton Adv	entis.			ewife	WORKING LIFE)	INDUSTRY		
5	13a. S	ALRESIDENCE (# NURS STATE TYLAND ATHERS NAME FIRST FOLIX	131 COUN	OTHER INSTITUTION. UTY GCO.	GIVE RESIDENCE REFORE 138. CITY OR TOWN W. Hyatt. LAST Bouce	N	134. INSIDE CITY LIMITS?	13r. STREET . 7303		Avenue	Uheri	'n	
2		WAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	213-54-8		17 INFORMANT S Frederick M.	on Paul	ADDRES	same as	13		
		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. (c) Congestive theat failure										mate inter onset and 2 ho 4 de 2 ive	
	NOI	PART 2 OTHER SIGN	NIFICANT C	CONDITIONS <u>CC</u>	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER			ITION GIVEN	IN PART 1	01	
1	RTIFICATION	190 DATE OF OPERAT	TION	196 CONDI	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTO	NO [20b. IF YES, WIN CERTIFYIN	G CAUSES		H?

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21f LOCATION STREET 214. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK Van 22a I certify that (I) (this haspital) attended the deceased from dan saw the deceased plive an_ and that in (my) (our.) apinian death occurred an the date and have and from the causes stated abave, HT (we) (did (did not) view the bady after death. 226. SIGNATURE DEGREE 22c. DATE SIGNED

> 22R ADDRESS 11161

TO FUNERAL DIRECTOR: should be detached for with the State Dept. BP. DHMH-16 25M (VRA 15, 4) 1/79

REY 236 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23b. DATE

224 PHYSICIAN'S NAME (TYPE OF PRINT)

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

COUNTY STATE

24 FUNERAL DIRECTOR Francis J. Collinsoness

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198 University Boulevard. W.

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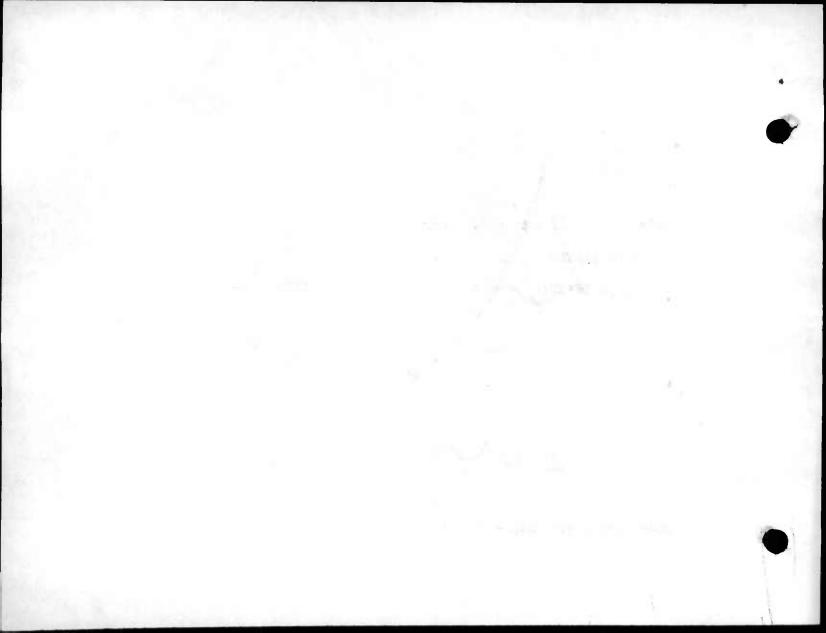
NAME: Christine W. Perry

DATE OF DEATH: January 16, 1981

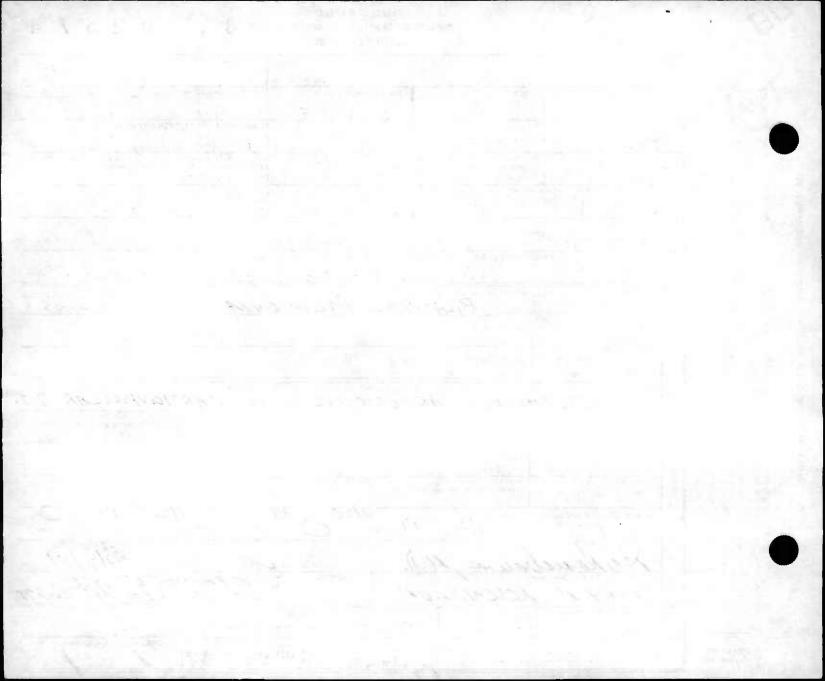
PLACE OF DEATH: Montgomery County

SEE: #81-02572

DHMH 2485 - Vit. Rec.



	1 1			STATE OF MARYLAND		0 9 9 4
	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 1 U	25/4
		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
1		Giusep		Petrone	Jan. 2 1	981 3 % M
ng e	3 SE	female	Caucasia	S DATE OF BIRTH MONTH DAY YEAR 3 19 86	6 AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
fune in 72 outflied at o		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY		1 BALTIMORE CITY OR COUNT	Y OF DEATH
in by the fun filed within must be notif	5	TY OR TOWN OF DEATH	F NOT IN SUCH FACILITY, GIVE STRE	EPADORESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI 日のUSEWife	12b. KIND OF BUSINESS OR INDUSTRY
D 00 L		AL RESIDENCE (IF NURSING HOMEO STATE 130 COUI	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13c. CITY OR TO Wash. I		13. STREET ADDRESS 1624 Underwoo	A S+
2 should to	14. F/	THER'S NAME		15 MOTHER'S MAIDEN N	AME	
1 Con out of out	1	ntonio Fucci	MIDDLE LAST	Maria Pi	11a	LAST
0	16a \	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC		Same as above	
sages the r	,	res, no or unknown) (IF YES, GIV	(E WAR OR DATES) 579	-46-9038 Joseph	Urciolo(Son-i	n=1 aw)
papers. Pa emoval. tic event,		PART I. DEATH WAS CAUSE				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 WKS
ending ph carbon pa on, or rem traumatic		4810 IMMEDIA	DUE TO, OR AS A CONSEO		<i>3-4171</i>	0 40/2
rtion,)	Canditians, if any, which	(b)	DEINCE OF	4 v v v v	
al, cremation		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO	UENCE OF	1	
hen pleas to burial iy injury,	Z		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER		
shows ar	CERTIFICATION	19a DATE OF OPERATION	, , , ,	H OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
Mental Hygin or Item 18		218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	TATH HOUR A.M. MONTH		RRED (ENTER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2)
and and arked	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
or use as t of Health of 21 is m	H	22a certify that (1) (this hasp	oital) attended the deceased from 12 19. ot) view the body after death.		n death occurred on the date and ha	19, that (w last ur and from the causes stated
ched for u Dept. of h		abave, (I) (we) (did) (did no	at) view the body after death.	DEGREE ATTENDING	MEDICAL STAFF	224. DATE SIGNED
ERA!	1	22d. PHYSICIAN'S NAME (TYPE O	ORPRINT)	PHYSICIAN 220 ADDRESS	DOTRECTOR PHYSICIAN	1/2/01
TO FUNERAL C should be detach with the State D IMPORTANT: I		BARRY 11.	ROSENBAD		KENSMETO	W, MI 20721
- v s =	23e	BURIAL, CREMATION, REMOVAL SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY Arlington Cemete	CITY OF TOWN	COUNTY STATE
MH-16 25M 15, 4) 1/79	24 F	JNERAL DIRECTOR	F.H.11800 N	25g DA	TE REC'D. BY REGISTRAR I'M SEGE	THAR STIGNATURE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR 2n DATE OF DEATH 26. HOURO 1. DECEASED NAME MONTH (TYPE OR PRINT) anuny 26 3. SEX 5. DATE OF BIRTH (INTEARS LAST BIRTHDAYL IF UNDER 1 YEAR IF LINDER 24 HR MONTH Male. Thite. NOV. 1904 760 76 70 BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED COUNTRY New York. S. A. WIDOWED DIVORCED Montgomery 126 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) THE USTRY GOVNT. 19 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION Takoma Park. Washington Adventist HospitalG Painter 13n STATE 136. COUNTY 13e. STREET ADDRESS Springyes H 15300 Maryland Monta. Silver Wallbrook NO F 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Phipps. Henry Selena Walter ADDRESS IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 13 0 (IF YES, GIVE WAR OR DATES) No. 705-14-9 Phipps. (Wife 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o OR AS A CONSEQUENCE OF 1-2 20 Canditions, if ony, which gave rise to immediate Suamous cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CERTIFICATION 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? YES [NO [210. A CIDENT WAS UNDERLYING 216 TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE STREET C CIRECT FACTORY OFFICE, FARM, ETC) WHILE NOT WHILE AT WORK Lar 220.1 certify that (1) (this haspital) attended the deceased from JON 198 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated saw the deceosed alive above (II) (we) (did) (did nat) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 226 PHYSICIAN'S NAME 22e. ADDRESS Carrill Ave Takona Pert M 23a. BURIAL, GREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) Bladensburg, P. Geo. Md. Jan. 1981 Ft. Lincoln 75e DATE REC'D. BY REGISTRAR 25 OF GISTRAR'S JOIN MURE Carroll St. N. W. D. C.JAN

DHMH-16 30M 2/80 (VRA 15, 4)

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der. 20, 1991 tt. Marcha Minimumer, P. 1991

	ECEASED-NAME	First	Middle	CERTIFICATE C		o. DATE OF DEATH			2b. HOUR
	ype or print)	Jean		Pierce	2	January	21 ^{Day}	1981	1:35a M
3. 5	Femal	e.	White.	S. DATE O	-21, 190	1 6. AGE (In) last birthe	yeors gy) A		IF UNDER 24 HRS. HOURS MIN
6 7 70. cau	BIRTHPLACE (State or f	oreign 7b. y City	CITIZEN OF WHAT COUNTRY? 7 U. S. A.	8. MARRIED NEVER WIDOWED D	MARKIEU	OUNTY OF DEATH Sontgomery	Count	v	Md
70	ITY OR TOWN OF DEA		give street address) Sharon Nur	INSTITUTION (If not in haspit	tal 12a. USUAL O	CCUPATION (Kind of wo f working life, even if i	rk done	12b. KIND OF BI	USINESS OR
13a.	USUAL RESIDENCE (WE ssign) STATE Marvl		ivec of institution: Residence befo	Beltsvill	13d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NU	MBER	D.7	
60 14.	ATHER'S NAME F	irst	Middle Lost	1S. MOTHER	S MAIDEN NAME First	11003 34	Middle	Place	Last
16a	WAS DECEASED EVER les, no, or unknown)	IN U.S. ARMED	FORCES? 16b. SOCIAL SECURION 154-38-	Y NO. 17. INFORMANT 8252	hine		Lat ddress hter) 13e	
	18. CAUSE OF DEAT	H (Enter anly a	ne cause per line for (a), (b), and		S. Porte	r. (Dade	HIECT	APPROXIMA BETWEEN ONS	TE INTERVAL
	PART I. DEATH V	MAS CALISED BY	AUSE (a) <u>Cardiac a</u>		lary to arm	hythmia		Sudde	
	2500		DUE TO, OR AS A CONSEQUENCE	OF					1 14
	Canditians, if any, w rise to immediate c	ause (o), ((b) Arteriosc	lerotic card	liovascular	disease		Unkno	wn
	stating the underlyi	ng cause	OUE TO, OR AS A CONSEQUENCE (c) Diabetes					Unkno	wn
	PART 2. OTHER SIGNI	FICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR COND	TION GIVEN IN PART 1(a)		
No									
CERTIFICATION	19a. DATE OF OPERATION		DITION FOR WHICH OPERATION WAS	YES	NO 🖳	20b. IF YES, WERE FI CAUSES OF DEATH?			TIFYING
MEDICAL CE	21a. ACCIDENT WAS OR CONTRIBUTING (If either, notify med	cause of DEATH ical examiner)	21b. TIME OF INJURY HOUR A.M. Month Day Ye P.M.	ar 19		ure af injury in Port 1 o	r Part 2, Îte	em 18.)	
M	21d. INJURY OCCURR While Nat while at work at wark	ED 21e. PLA		FACTORY.) 21f. LOCATION S		City or Tawn		County	State
	220. I certify the saw the dec couses state	at (I) (this h ceased alive ed above, (I)	aspitol) ottended the deced on January 21 (we)(did) (did not) view th	ised from April 19 <u>81</u> , and thot in e body after death.	15 , 19 74 (my) (our) opinior	., to January n deoth occurred or	2 <u>1</u> 19 <u>.8</u> the dote	1, that (e and hour or	l) (we) last nd from the
	22b. SIGNATURE	arl	Houna	DEGREE PHYS	NDING MED.	STAFF	22c. DA	te signed uary 21	
	22d. PHYSICIAN'S NAME (Type)	Coml I	. Houmann, M.D.		ADDRESS 104 Oueenst	oury Rd., R	iverd	ale, Md	. 2084
		Call J	a modulatina mass.						
23a.	BURIAL, CREMATION,	23b. DATE	23. 1981 Ft	F CEMETERY OR CREMATOR	Y 230 B	d. LOCATION (City or Total			(State)Md

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STATE OF MARYLAND	1994	
ARTMENT OF HEALTH AND MENTAL HYGIENE	8	
CEDTICICATE OF DEATH		

FOR DEP - STATE REGISTRAR REG. NO 1. DECEASED NAME FIRST MIDDLE LAST 2. DATE OF DEATH MONTH DAY YEAR 2b. HOUR (TYPE OR PRINT) RZIA IF UNDER I YEAR IF UNDER 24 HRS 3 SEX 4 RACE 5 DATE OF BIRTH 4. AGE (IN YEARS LAST BIRTHDAY) MONTH HOURS. MONTHS DAYS EMALE To BIRTHPLACE (STATE OF FOREIGN COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED COUNTRY WIDOWED DIVORCED MD NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12s. USUAL OCCUPATION 17h. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET/ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SPRING Thild HOUSTWIFE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13e STATE 1136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? SILVER SPRIN MANTGOMER IAR4/AN YES T NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Vito R. LAST FIRST MIDDLE LAST Rubino Agnes UNK ADDRESS Same as above 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT NO 11 & NUKHOWN (IF YES, GIVE WAR OR DATES) 03 293 Anthony Pisani (Son) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO OR AS CONSEQUENCE,OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 201 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (# EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21s PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET STATE NOT WHILE WHILE AT WORK 220.1 certify that (1) (this hospital nattended the deceased from and that in (my) tour) opinion death occurred on the date and hour and from the causes stated saw the deceased alive an_ abave, (II (we)(did) (did not view the bady after death 226 SIGNATURE DEGREE 22c DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN TO DIRECTOR PHYSICIAN 221. PHYSIC MIN'S NAME (TYPE OR PRINT) 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 236. DATE 23C NAME OF CEMETERY OR CREMATORY 23d LOCATION Buria1 CITY OR TOWN PG Md. Suitland 1/13/81 Cedar Hill Cemeterly REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 25e. DATE

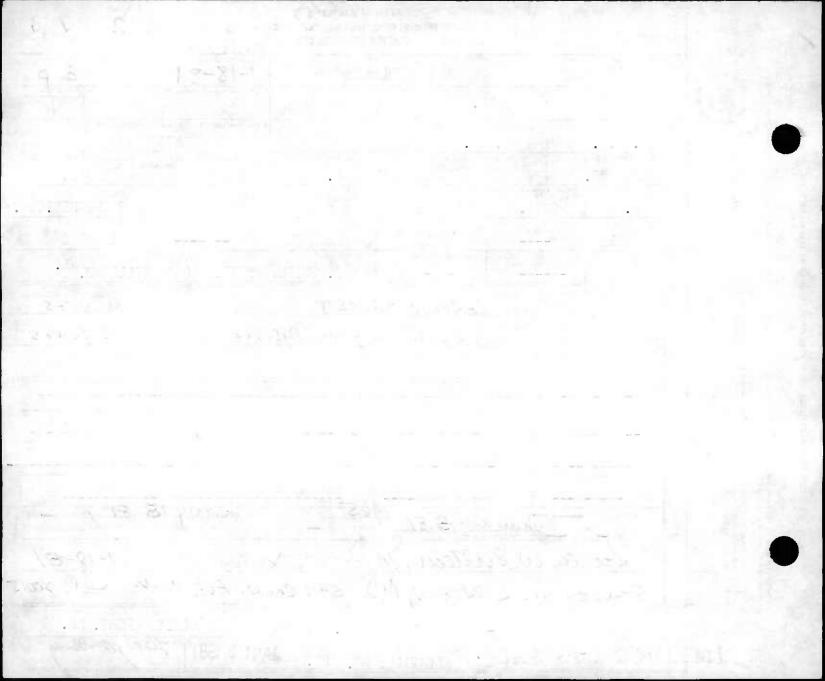
DHMH-16 25M (VRA 15, 4) 1/79

Hines/Rinaldi F. H. 11800 N. H. Ave. S.S. Md

DHMH-16 25M (VRA 15, 4) 1/79

	1-	FOR STATE REGISTRAR		DEPARTA		ALTH AND M			5. NO.	0 2 5	/ 8
m 5		CRASED NAME FIRST Victor	٨	AIDDLE	Pit			2. DATE OF DEAT		DAY YEAR	6 PM
(M)	3. SEX	MALE	4 RACE CAU	С.	5 DATE OF MONTH	BIRTH 15	ľ9°26	4 AGE (IN YEARS LAS	T BIRTHDAY}	MONTHS DAYS	IF UNDER \$4 HRS HOURS MIN.
77	W	ASH. D.C.	U.S		WIDOWED		ORCED [1 BALTIMORE CIT	MONTGO	MERY	MD.
ed with		OLNEY MD.	(# NOT IN SUC	HOSPITAL, NURSING GOMERY GE	NERAL		NOITUT	120 USUAL OCCU- (TYPE OF WORK FOR MI SALESM		12h KIND O INDUSTRY CLAI	MS.
and bearing and be	13a S	MD. MOI	NTY NTG.	BROOKVIL	LE		NO 🗌	134 STREET ADDRE	ss EORGIA	AVE BRO	OKEVILLE
1 and 2 she medical exa	14. FA	SAMUEL .	WIDDLE	PÍŤTLE			HAEL	MIDD		WISÓŤ	ZKI
Pages t, the	16a W (Y	(AS DECEASED EVER IN U.S. AF es, no or unknown) (IF YES, GIV NO ——	RMED FORCES?	579-32-6		MRS.	SHIRLY	E PITTLE	BROOKE		
igned by the attending physicis n please remove carbon papers. burial, cremation, or removal. injury, or other traumatic even		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OF DUE TO, OF DUE TO, OF	CARDIA RAS A CONSEQUE RAS A CONSEQUE	NCE OF	NEST	Dis	CASE		10 y	MATERINERYAL ONSET AND DEATH OF STAND DEATH OF STAND DEATH
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After th s the bur th and N marked	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK 22a.1 certify that (1) (the lose sow the deceased alive or		EET, FACTORY, OFFICE, F		LOCATION STREET	., 19	city o	RTOWN	COUNTY	state that (I) (we) lost
O FUNERAL DIRECTOR: hould be detached for use a with the State Dept. of Heal MPORTANT: If Item 21 is		sow the deceosed olive or obove, (I) por (did) (did of 226. SIGNATURE)	W. Ke	Meen De Comment	, Sn.	EGRE AT	TENDING HYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN [22c. DATE:	
with IMPC	23a. B	URIAL, CREMATION, REMOVAL PECEPTION OF THE PROPERTY OF THE PRO	23b. DATE 1-20-			METERY OR CI	REMATORY	23d. LOCATION			MD. STATE

24 FUNERAL DIRECTORY-GOLDBERG MEM. CHARE 1170 ROCKVILLE MD. 256 DATE REC D. BY REGISTRAR 256 PAIN 2 STEPLE
STATE OF MARYLAND



13		1 -	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE B	0 2 5 7 9
	ay, be coge 3 death		CEASED NAME FIRST ORPRINT) Mildred	MIDDLE	Plante	20. DATE OF DEATH MONTH	1 26. HOUR 4.48
Ď.	Foge Lang	3. SE	emale	white	5. DATE OF BIRTH MONTH DAY YEAR 7-22-27	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 I
•	death. Po	Wa	RTHPLACE (STATE OR FOREIGN COUNTRY) Shington D ITY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	Montgomer	y
1201		dma	Park.	(IF NOT IN SUCH FACILITY, GIVE STRE	ventist Hospita	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK 1. Legal Sec	
LAND 2	filled hould be	130 S Ma	ryland. Mont	INTY	WN 136 INSIDE CITY LIMITS?	130. STREET ADDRESS 1511 Elson	St.
E, MARY	ecuted within d completely es I and 2 si cale comine	Ev	erett (John	,	Irma Stew	MIDDLE	LAST
ALTIMORI	be ex		No.	578-40-		Plante. Hus	band. 13 e
01 W. PRESTON ST., B	that the death certified by the attending phease remaye carbang of cremation, ar remans or other traumatic ever		PART I. DEATH WAS CAUSI	DUE TO, OR AS CONSECTION DUE TO, OR AS CONSECTION DUE TO, OR AS CONSECTION (c)	Clspistor	hemmon nym	41 3 3 Jag
RECORDS, 20	n. n. cos been signe cos been signe ne prior to buri ws any injury, C	CERTIFICATION	PART 2. OTHER SIGNIFICANT	Ossibly 1	ODEATH BUT NOT RELATED TO THE TERM HOPERATION WAS PERFORMED	200 AUTOPSY? 20b	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
DIVISION OF VITAL	G PHYSICIAN: The other of the certificate by the burial-transit and Mental Hygie ked or frem 18 sho	MEDICAL CERT	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHY MEDICAL EXAMINE 216. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. MONTH	DAY YEAR 19 21f. LOCATION	YES NO RED (ENTER NATURE OF INJURY IN IT	YES NO COUNTY STATE
ā	OR ATTENDIN he haspital or of DIRECTOR: Aft oched for use or Dept. of Health If Item 21 is mar		22a. I certify that (I) (this hasp saw the deceased alive or	ot) view the body ofter death.	DEGREE ATTENDING	. MEDICAL STAFF	d hour and from the causes stated
	O HOSPITAL stained by the O FUNERAL hould be det with the State	· ·	22d. PHYSICIAN'S NAME (Type	ORPRINT) FORD	PHYSICIAN [220 ADDRESS 349] SIWUR	COMINETAL TO	30620.

220.1 certify that (I) (this haspital) attended the deceased from saw the deceased alive on above, (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE **ATTENDING** MEDICAL STAFF DIRECTOR | PHYSICIAN PHYSICIAN 226. PHYSICIAN'S NAME (TYPE OR PRINT 1981 Gate Of Heave 23a. BURIAL, CREMATION, REMOVAL 236 DATE Burial. Jan. Takoma Fufferal Home.

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

IF UNDER 24 HRS

MD.

BP DHMH-16 30M 2/80 (VRA 15, 4)

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STATE	OF	MARYLAND
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1.	STATE REGISTRAR			DEPART	CERTIF		F DEATH	GIENE O	REG. NO.	U	6 3	0 (,
	CEASED NAME	FIRST		MIDOLE		AST		20. DATE OF	DEATH M	HTMC	OAY YEAR	2b. HOUR	
(TYP.	E OR PRIM	GRAFT	ON	EUGENE	1	POOLI	R	JANU	ARY 2	10	981	453	A
3. SE		3	4. RACE	0	5. DATE C				EARS LAST BIRTH		IF UNDER I YEAR	IF UNDER 24	HRS
	Male		Cauca	sian	Aug		1922	5	Q		MONTHS DAYS	HOURS /	MIN.
	IRTHPLACE (STATE OF	FOREIGN		WHAT COUNTRY?	8					YRS.	Y OF DEATH		_
	Virginia		United	States			ER MARRIED	i.n	1 - I		NEM CO	11 m + 37	415
10. C	ITY OR TOWN OF DE			HOSPITAL, NURSII			DIVORCED []	12a USUAL	OCCUPATION			OF BUSINESS	-
1	Bethes	de	Suld	HEACILITY, GIVE STREET	te	spi-	tsl		untan			untin	g
	AL RESIDENCE (IF NUR STATE	TISK OF THE	TY INSTITUTION	13. CITY OR TOV Washin	VN	13d. INSID	DE CITY LIMITS?	3 726	ADDRESS Conne	ect	icut A	ve. N	. W.
14. F.	ATHER'S NAME		MIDOLE	LAST		15 MOTH	ER'S MAIDEN NA	AME	MIDDLE	7.5	14	161	
A.	Frede	erick		Poole			Pearl		MIDDEC .		Shotr	off	
16a \	WAS DECEASED EVER			166 SOCIAL SECT		17. INFO	RMANT Wif	e	ADDRESS				
)	ES NO OR UNKNOWN)	M.M.M.	TT OR DATES	579 10	457	Gol	ldie A.	Poole	e same	e as	s item	13	
NO	Conditions, if any gove rise to im cause (a), stati underlying cause	mediate ng the e last.	(b) 1 DUE TO, O		e Bild ENCE OF CONOM		the E	y Inters Sophag windi diseas	us		und	s day etermin	red
CERTIFICATION	19a. DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PE	RFORMED	20a AUTO	NO P	N CERT	S, WERE FIND IFYING CAUSE ES	NGS USED S OF DEATH?	
E.	21a. ACCIDENT WAS UN		4.4 - 4.4 - 4.4		AY YEAR	21c. HOV	V INJURY OCCUR	RED (ENTERNA	TURE OF INJURY I	N ITEM 18	PART I OR PART 2)		
¥	OR CONTRIBUTING				AT TEAK								
MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY		21f. LOC	ATION TREET		CITY OR TOWN		COUNTY	STAT	16
×	MHILE NOT W		(AT HOME, ST	REET, FACTORY, OFFICE,	FARM, ETC.)	31	IKEE		CITTORTOWN		COOM	3181	
	22a.l certify that (1 saw the decea above, (1) (we)) this hospi sed olive on (did) (did no	January 1) view the body	e deceased from 19 softer death.	. 00	nd that in	my)(aur) opinion		d on the date	2 ond ho		7	ost
(James &	= Wils	only		M.	DEGREE	ATTENDING PHYSICIAN (MEDICAL DIRECTOR	STAFF	и 🗆	I de DA	2/81	
Ì	James E	- Wils	ON, JR. 1	ND.		27e ADD	S Rockvi	lle Pike	Rock	ville	, Md.	2085	2
230.	BURIAL, CREMATION (SPECIFY Buria)	, REMOVAL	23b. DATE J 6, 19		On oca		or crematory Cemeter	y 23d. LOCA	OR TOWN	711]	Le, Ma	rylan	ď

BP. DHMH-16 30M 2/80

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and cashould be detached for use as the burial-transit permit. Then please remove corban paper. Pages with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate by

retained by the hospital or attending physician.

14 FUNERALDIRECTOR ROBERT A. PUMPHREY FUNERAL HOMES, P.A., BETHESDA, MARYLAND (VRA 15, 4)

23d LOCATION
CITY OR TOWN
Beallsville, Maryland Monocacy Cemetery 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

NEW THE YORK SEEDINGS OF THE SEEDINGS OF East .II . and . and asset !! The state of the s Carried and American Carried .N. Trans Shole or T. ... a Sanda hiv R term mison Titalyahari The state of the s

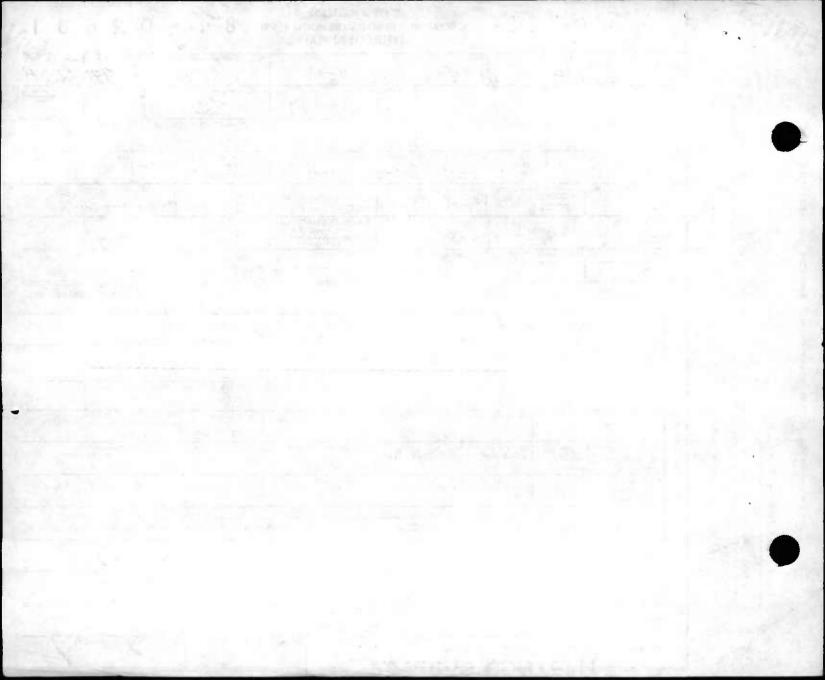
	1.	Items 18b.& FOR Film#G552 REGISTRAR		MENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	IENE 8 1	0 2 5 8
	I. DE	CEASED NAME FRIST CR PRINT!	MAE	Pa		REG. NO.	J. 4 1881 12:33
nce.	3 SE	F.	4 RACE	S DATE OF	2 DAY YEAR 8	6. AGE (IN YEARS LAST BIRTHDA	AY) IF UNDER I YEAR IF UNDER 24 III MONTHS DAYS HOURS M YRS.
notified at o	7e. BI	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIED WIDOWED	NEVER MARRIED D	Montgomery	COUNTY OF DEATH
st be not	T	ty or town of death akoma Park	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Washington Adv	entist		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WI Housewife	
3 Eminer m	130 S Ma	AL RESIDENCE (# NURSING HOME OR STATE 136 COUN Mont	OTHER INSTITUTION, GIVE RESIDENCE BEFORM 136. CITY OR TOY Brookvi	PRE ADMISSION) WN 11e	13d. INSIDE CITY LIMITS? YES X NO [13r STREET ADDRESS 20910 New H	Hampshire Ave.
50		THER'S NAME	Johnson		Margaret	WE	Floyd
event, the me	160 V	VAS DECEASED EVER IN U.S. AR. (ES, NO OR UNKNOWN) (IF YES, GIVE DNE	MED FORCES? 166 SOCIAL SEC WAR OR DATES) 400 14		IT INFORMANT Jean Shields	ADDRESS (Daughter)Sa	
iy injury, or other trauma	NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEOL OUE TO, OR AS A CONSEOL OUE TO, OR AS A CONSEOL CONDITIONS CONTRIBUTING TO	JENCE OF	G-I Hemorrha	of thenen	ON GIVEN IN PART 1(6)
18 shows a	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION	WAS PERFORMED		ON IF YES, WERE FINDINGS USED MEETIFYING CAUSES OF DEATH? YES NO NO
9		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	NITEM 18, PART I OR PART 2)
	MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
si i tem zi is	1	saw the deceased olive on	tal) attended he deceased from	,	I that in (my) (our) opinian EGREE ATTENDING PHYSICIAN	death occurred on the date	ond hour and from the couses stoted
IMPORTANT: If Item	1	114 PHYSICIAN'S NAME TYPE OF	Tenne u. n	10	ADDRESS ///	panie V	Theop
1		HUMBER (1)			the state of the s		1 10910
	C	URIAL, CREMATION, REMOVAL SPECIFY CEMATION	236. DATE 23c	ee's Cr	metery or crematory ematory	Wash D.C.	COUNTY STATE

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

, that (I) (we) lost

MD.



of Mr. and R. IN Community In

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. First Jean DECEASED NAME 2s DATE OF DEATH MONTH M. Power TYPE OF PRINTS JEAN 1. SEX 4 RACE S DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS HTMOM DAYS 1907 White Female Aug. 21. BIRTHPLACE ISTATE OF FOREIGN IN CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. DIVORCED K Washington, D.C. WIDOWED Montgomery & CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h. KIND OF BUSINESS OR HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker At Home Bethesda Fernwood House Nursing Home USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI NI COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 2853 Ontario Road, N.W. lashington.D.C YES K NO [14 FATHER'S NAME IS MOTHER'S MAIDEN NAME PHENT MIDDLE FIRST MIDDLE Peterson Sara Power Thomas ADDRESS Bethesda, Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Joseph A. Rafferty, 4701 Sangamore Road 579-60-3580 No IE CAUSE OF DEATH (Enter only one cause per limp of tall, the and it PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO I NO YES I 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY CITY OF TOWN STATE NOT WHILE AT WORK 22a I certify that (I) (this haspital) attended the deseased from saw the deceased alive an, and that in (my) (aux) apinian death accurred on the date and hour and from the causes stated sbows of the (did) (did not) view the bo after death 22r DATESIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 114 MINS CIAN'S NAME (TYPE OF PRINT) TE ADDRESS 8218 Wisconsin Ave. Bethesda, Md. Blaine Fitzgerald HE PURIAL CREMATION, REMOVAL 23d. LOCATION 736. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Mt. Olivet Cemetery Washington, D.C. Burial 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGN 24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. **DHMH-16 25M** FEB (VRA 15, 4) 1/79 5130 Wicconsin Ave., NW, Washington, D.C. 20016

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--- Vochington, D.C. D. D. C. Sent exactor tood, M.V.

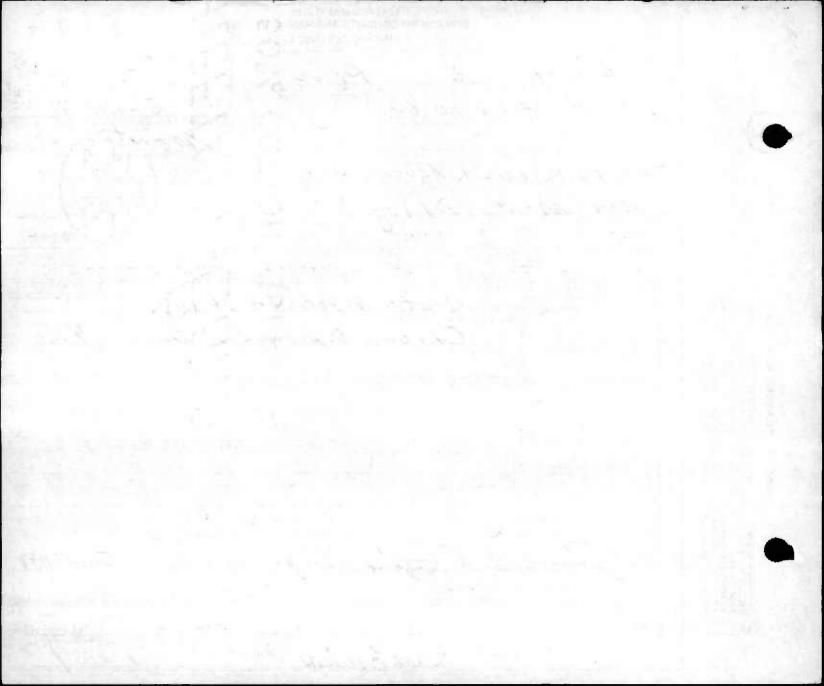
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5170 incommin ave., b, subigation, D. C. 20016 116 5 MAN



executed within 24 hours ofter death

OR ATTENDING PHYSICIAN: The law requires that the death certificate be

should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hand be stated for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hand papers.

STATE OF MARYLAND

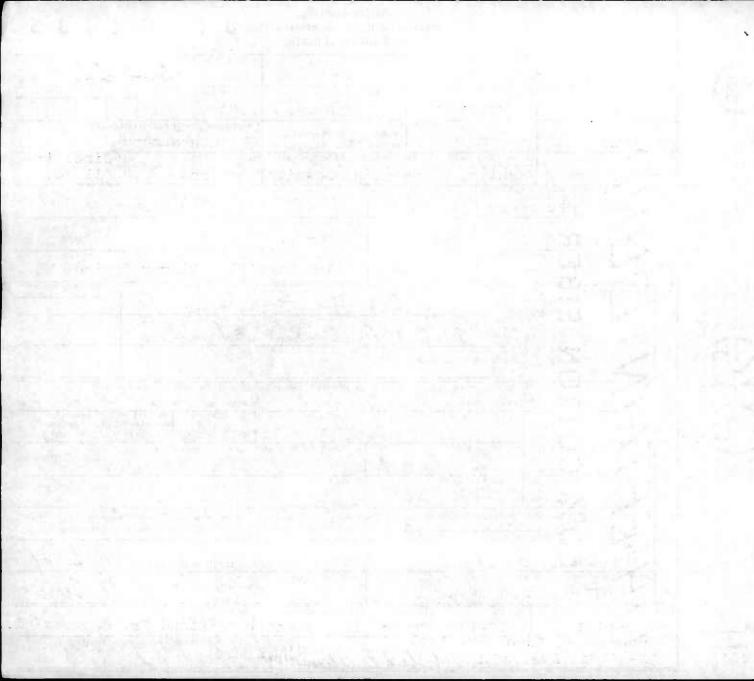
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	1.	FOR STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HYG	IENE 8	REG. NO.	2 5	8 3	
		CEASED NAME PIRST	H F F		RICE	20 DATE OF	DEATH MONTH	4 128	144 PM	
ıi	3. SE	MALE	4.RACE White	White MONTH DAY SEAR 9 EN OF WHAT COUNTRY? WARRIED NEVER MARRIED WIDOWED XX DIVORCED		6 AGE (IN YEARS LAST BIRTHDAY) PUNDER 1			DAYS HOURS MIN	
35	Ma	RTHPLACE ISTATE OR FOREIGN COUNTRY LTYLAND				BALTIMORE CITY OR COUNTY OF DEATH Montgomery				
Inotified	Тa	akoma Park	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) Washington Adv	venti		PCCUPATION FOR MOST OF WORKING LIFE) 128 NIT TO THE STATE OF WORKING LIFE) 10 TO .				
a salah	13a. 5	STATE 13b. COU	or other institution, give residence before inty 13, CITY OR TOW JOMETY SIL. Sp.	ring	13d. INSIDE CITY LIMITS? YES NO []	33 STREET A	opress .igo Aver	nue,		
50		Clifford	E. Price		Gertrud	e .	MIDDLE J.		rown	
e medico	16a. \	1. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT (Niece) & 17. INFORMA								
injury, or ather traumotic even	NOI	18 CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS ADNSEOUENCE OF Mypearless or farcless Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEOUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINARDISEASE OR CONDITION GIVEN IN (ART) (a). PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINARDISEASE OR CONDITION GIVEN IN (ART) (a).								
Aug 2	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED 7	200 AUTOF	IN CERTIF	S, WERE FINDIN FYING CAUSES ES		
ked or Item 18 sh	MEDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 210 INJURY OCCURRED WMILE AT WORK AT WORK	HOUR A.M. MONTH DA	19	21t, HOW INJURY OCCURE 21f, LOCATION STREET	RED (ENTER NATU	JRE OF INJURY IN ITEM 18 I	PART 1 OR PART 2)	STATE	
MPORTANT: If Hem 21 is mon		22a.1 certify that (I) (this hasp	oital) offedded the deceased from 19 on 19 offedded the deceased from 19 offedded the deceased from 19 of 19 offedded th		that in (my) (our) apinion of DEGREE ATTENDING PHYSICIAN 1226. ADDRESS	AMEDICAL _	of the date and hau	- /		
IMPORT		Antonio BURIAL, CREMATION, REMOVA	6 · Cly 236. DATE 236. N	IAME OF C	Silves EMETERY OR CREMATORY	Spri 23d LOCAT		TLE T	10903	
_		Burial UNEWATEE E. 1	1-17-1981 Ce	dar I	Hill Cemete		tland Pi			
			e., S.S. Mar.	ant E	5 Clesen JAN	20 198	1		7	

DHMH-16 30M 2/80 (VRA 15, 4)

TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been retained by the haspital or attending physician.



It	em 6 g553 3/10,	/81 gj		OF MARYLAND			
13-	FOR STATE		ICAL EXAMINE	EALTH AND MENTAL I R'S CERTIFICATE (DEDEAPH	0 2	586
	REGISTRAR CEASED NAME FIRST	MED	MIDDLE	LAST LAST	20. DATE KNO	WN MONTH	DAY YEAR 7h HOUR
/ (TYP	E OR PRINT)/	minn (Also	known as S	uey Oy Hom Ye	OF ES	TI-	70001 700
3. SEX		DATE OF BIRTH	6. AGE (IN YEAR	IF UNDER 1 YR. IF UNDE	R 24 HRS. 2c. DATE	MONTH	DAY YEAR 2
	FY		111	MONTHS DAYS HOURS	MIN PRONOUNCED DEAD	Ozn2	5. 1281 PN
7a. B1	RTHPLACE (STATE OR REIGN COUNTRY)	Oct 9 1	AT COUNTRY?	MARRIED NEVER MARI	RIED 9. BALTIMORE	CITY OR COUNTY	OF DEATH
(Canton, China	United	N AM AAA	WIDOWED DIVOR		onta	DMEYY MD
10. CI	TY OR TOWN OF DEATH		ITAL, NURSING HOME,	PI	FOR MOST OF WORKING L		OR INDUSTRY
NSU/	AL RESIDENCE (IF IN ORSID HOME	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISSIO	/ /du	Cook	Buddha 1	Restaurant
13a. S		NTY AS +	13c. CITY OR TOWN	13d INSIDE CITY LIMITS? YES NO D	13e. STREET ADDRESS	11 = 4	VRI
14. F/	ATHER'S NAME	reoras	or rup	15. MOTHER'S MAIL			(AST
	Unknown	MIDDLE	Hom	FIRST	Unkn	own	LASI
	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECURITY				,Md. 20904
	Vo	,	578-54-469	6 Dickey Y	ee(son)12701	-Ruxton Ro	d.Silver
	18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS		for (o), (b), ond (c).)	1.) «	10.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
13		ATE CAUSE (a)	Acut	8/nyo	cardiz	West	
	Conditions, if ony, which	DUE TO, OR	AS A CONSEQUENCE OF		. //	100	
	gave rise to immediate cause (a) stating the under	re / (b)	AS A CONSCOUENCE OF	ten sin	Clyezy	t Dis	
175	lying couse lost.	DOE TO, OK	AS A CONJEGUENCE OF				
	PART 2 OTHER SIGNIFICANT CONDITION	(C)	UT NOT RELATED TO THE TERMIN	AL DISEASE OR CONDITION GIVEN IN P	PART 1 o.		
Z	None						
CERTIFICATION	190. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPERA	TION WAS PERFORMED?			20. AUTOPSY?
RTIF	Non						YES NO
	UNDERLYING OR		MONTH DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN	4 ITEM 18 PART 1 OR PART 2	2)
MEDICAL	CONTRIBUTING CAUSE OF		F INJURY (AT HOME,	21f. LOCATION			
MEC	WHILE AT WORK		ORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNT	TY STATE
-	22s. I certify that I took cho	4 3		Autopsy , Inspecti		, ond in my opini	ion
	death resulted from: Not	tural couses	Accident Suic		Undetermined monner	L,	
	ACTUAL SIGNATURE	-CP	Lager	TITLE (SPECIFY)	MEDICAL EXAMINER	DATE O	en.28192
7	//		10	100	- Into the Experience	and the co.	9 9 9
4-		John S. Roge	rs,MD /	ADDRESS Sil	ver Spring, Ma	aryland	
23a.B	URIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE		ETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
I	Burial	1-30-1981	Arlington			n, Virgini	A CANA
	wm.Lee's Son	ADDRESS	OL NO.	25a. DAT	N 2 9 1981	III. RUGISTRAK S SIG	of -
0.	win. Lee's Sons	10. July - 4th	St. NE Wash	. D.C.	0 1001	70	"Viscous N

lo u Yee) Yee) 1. 1. 1. 1. 1. Duncon, Johnson & United Strues Cook State Restument n or all n o i J lice 105 S . 34, III . - - - Dic e Yes(301)12/1-7 . o1 . ilva. the transfer of the state of th 43 the rest, and a rest. 1-3-101 mitures internal for . unlimited, Viscinton J. w.I.e's osto.3(- by St., is, see, j. s.

ENTENDING TO

STATE OF MARYLAND

	11	FOR STATE REGISTRAR		DE		EALTH AND MENTAL H						
_ ′	500	1. DECEASED NAME	FIRST	MIDDLE		AST	2a. DATE O		OAY YEAR	b. HOUR A		
AD		(TYPE OR PRINT) MA1		VIOLA		IINN		01-	05-81	1037A		
(BØ	1	3. SEX	4 RAC	:	S. DATE C		& AGE (IN Y	EARS LAST BIRTHDAY)		HOURS MIN		
ALC:	E.	Female	0	Vhite	Jan			95 YRS		ALCONS MAN		
Po	o te	TE BIRTHPLACE (STATE OR FOR		IZEN OF WHAT COU	NTRY? 8		9 BALTIMO	RE CITY OR COUN				
eral 72 h	pel -	Washington. 1		11 C A	WIDOW	D NEVER MARRIED	_ //	not a	2001	440		
hin	Thou Hotil	ID CITY OR TOWN OF DEAT	H 11. N	IAME OF HOSPITAL N		OR OTHER INSTITUTION		OCCUPATION	ner U	BUSINESS OR		
by the	20)	Bethesd	a		burb	n Hospita	(TYPE OF WOR	NE FOR MOST OF WORKING				
bed -	53	USUAL RESIDENCE (IF NURSIN	G HOME OR OTHER I	INSTITUTION, GIVE RESIDENCE I 13c CITY O	E BEFORE ADMISSION) R TOWN	1134 INSIDE CITY LIMITS	? 113e. STREET	ADDRESS				
Eg.	73		MONTGON		ITLLE	YES X NO	1050	O ROCKVII	IF PIKE	2085		
sho	2 3	14 FATHER'S NAME				15. MOTHER'S MAIDEN			,			
d 2	1 3	EDWARD	MIDDLE	D D	ARBOUR	MARY		MIDDLE	TAST	ILITAIO		
Com Com	# th	16g WAS DECEASED EVER IN	ILIS ARMEDE		L SECURITY NO.	17 INFORMANT		ADDRESS	DOU	INING		
ges	C Pe	(YES, NO OR UNKNOWN)	IF YES, GIVE WAR O	R DATES)								
50	17	NO I		262	<u>2-43-248</u>	DOROTHY V	QUINN	DAUGHTE	R SAME	AS 13		
ysic	W	18 CAUSE OF DEATH PART I. DEATH WA	Enter only one			1			BETWEEN ON	ATE INTERVAL		
ph	atic		1 +	vuR								
9 9 9	2	MANDIATE CAUSE (0) CARDIATE ARREST 1 HO										
te di di	E .V	Conditions, if any, which (b) ARTERIOSCLEROTIC HEART DISE								YRS		
1000	14	gave rise to imme	diote			,		-				
200	3	couse (a), stating underlying couse	the D	UE TO, OR AS A CON	SEQUENCE OF							
Paris Paris	9 5		,	(c)								
9 10	3	PART 2 OTHER SIGNI	FICANT CONDI			NOT RELATED TO THE TE	ERMINAL DISEAS	E OR CONDITION C	SIVEN IN PART I(a)			
if a		2 DIAJSE	162/	MELLITU								
710	87	19a DATE OF OPERATE	ON II	%. CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	20a AUTO		res, were finding TIFYING CAUSES O			
and and	3/	att.					YES 🗌	NOK	YES	NO 🗆		
ciar E	= ha	21a ACCIDENT WAS UNDE		Ib. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	21c HOW INJURY OCC	URRED (ENTER NA	TURE OF INJURY IN ITEM I	B, PART 1 OR PART 2)			
hys Bill	70	OR CONTRIBUTING CA	OSE OF DEATH	P.M.	19							
d fu	Po I	(IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRE	D 21	e. PLACE OF INJURY		211 LOCATION						
fter he b	Car.			AT HOME, STREET, FACTORY, (OFFICE, FARM, ETC.)	STREET		CITY OR TOWN	COUNTY	STATE		
atte as t alth	8 8	AT WORK			,	- 30 10	tin		10 F-1			
TOP USe He	7 3	22a I certify that (I) (I		1	0-1	, 17	(12, to	1 1 1 11		ot (i) (we) lost		
Porta for t. of	A Sem		(did not) view	the body after death.		nd that in (my our opini	on death occurre	a an the date and h				
hed Dep	= 1	226. SIGNATURE		P		DEGREE			22c. DATE SI	GNED		
the etac	= 2	E.Zh	and 6	2 olle		MO ATTENDING	MEDICAL DIRECTOR	D PHYSICIAN	1-3	-1		
d by	4	224 PHYSICIAN'S NAM	AE (TYPE OR PRINT)			22e ADDRESS						
FUT th	10/3	RICHARD	4 10	LLEN	M.D.	10 400 000	mantinud	4	Vancinata	un IId		
TO TO show	ZHE	23a BURIAL, CREMATION, R	114	DATE	Tay NAME OF	10,400 Con			VENDYMAY	n, Md.		
00		(SPECIFY)	LMOVAL Z30.		1000		Silve	SHINGTON,	COUNTY	STATE		
BP	+	BURIAL	T-0 11125	/7/81	ROCK CE	PEK CEMETER				-		
DHMH-16 2		24 FUNERAL DIRECTOR		J. COLLIN			4 0	EGISTRAR 256. HER	A SIGNATURAL	readis		
(VRA 15, 4)	1/79	500 UNIV. E	BLVD., W.	, SILVER SI	PRING, MD.	20901	JAN 12	1301	777			

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executed within 24 hours ofter

TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physicion and completely filled in by the furshould be detached for use as the buriol-tronsit permit. Then please remove corbon popers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is marked or Item 8 shows any injury, or other troumatic event, the medical-againer must be attified a

	1-	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	YGIENE &	REG. N	0	2 5	8 8	3
		CEASED NAME FIRST OR PRINT)	20. DATE	20. DATE OF DEATH MONTH DAY YEAR 2b HOUR								
	The second second	ANNA MARIE	RACEK		JANUARY 25, 1981 101.5 A							
	3. SEX	EMALE	4 RACE CAUCASI	ON_	5. DATE C	DAY YEAR		71 YRS.				R 24 HRS
7		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8. MARRIEI	8. MARRIED NEVER MARRIED		9. BALTIMORE CITY OR COUNTY OF				
		NORWAY	U.S.		WIDOWE	DIVORCED DIVORCED		MONTGOMERY COU			INTY MD.	
1	В	TY OR TOWN OF DEATH	HEACILITY, GIVE STREET C Nations	ADDRESS)	ral Medical	(TYPE OF V	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSE WIFE HOME					
2	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE LAB. COUR	13c. CITY OR TOW	/N	13d. INSIDE CITY LIMITS?	13e. STRE	7					
0	14. FA	THER'S NAME FIRST OLE	HALVERS	÷Ν	15. MOTHER'S MAIDEN N FIRST MAREN	HELEN	MIDDLE F JOI	HANSEN	LAS	ST .		
			MED FORCES? (E WAR OR DATES) (C)	16b SOCIAL SECU	JRITY NO.	17. INFORMANT MRS MAGUER		ADDRE	SS 8550	WINDS		لا
	TION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT OF	gove rise to immediate couse (a), stating the underlying couse lost. (c) ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE									
	CERTIFICATION	190, DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES [JTOPSY?		WERE FINDING CAUSES		
3	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P. 21e PLACE	M. MONTH D M.	19	216. HOW INJURY OCCU	JRRED (ENTER	CITY OR TO		COUNTY	STATE	
		WHILE NOT WHILE NOT WHILE AT WORK 120 L certify that this haspital attended the deceased from This 10 19 8 1 to This 19 9 2 19 2 19 2 19 2 19 2 19 2 19 2 1										
		BURIAL, CREMATION, REMOVAL		144	NAME OF C	National Na	23d. LC	CATION	Center	Bethe		
	C	remation UNERAL DIRECTOR	Jan/2		edar H	ill Cremator	Y Su	tland. Y REGISTRAR			STATE Sarylan ORE	
	Ch	nambers Funeral	Home :	Silver Sp	oring.	Md.	FEB 3	1981	per	Jary / sec	Grady	

DHMH-16 30M 2/80 (VRA 15, 4)

ATTENDING PHYSICIAN: The

retained by the hospital or ottending physician.

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STATE OF MARYLAND

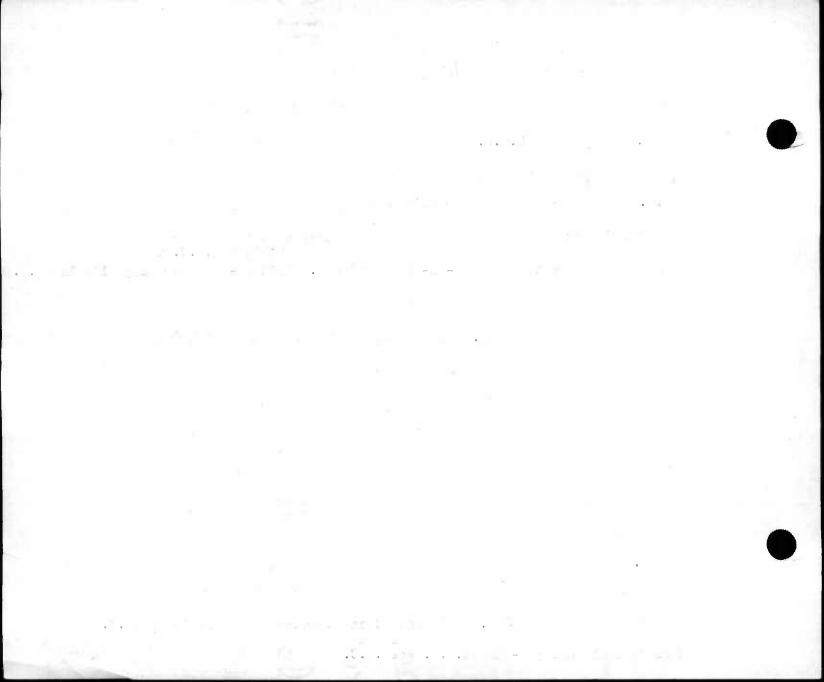
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

- STATE

(VRA 15, 4) 7/78



FOR STATE REGISTRAR	DEPARTA	MENT OF HEALT	MARYLAND TH AND MENTAL HYG TE OF DEATH	HENE 8	NO.	2	5 9	0	
I. DECEASED NAME FIRST	AIDDLE	LAST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUI	R	
Richar	d W	Reed			1	17 8	1 10:	20AM	
3. SEX	4 RACE	5. DATE OF BIF		AGE IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YE			
Male	White	MONTH 1	31 1894	86	YRS.	MONTHS DAY	rs Hours	MIN	
78. BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED	OR COUNT	DUNTY OF DEATH					
Pennsylvania	USA	WIDOWED		Montbom	ery (ounty		MD.	
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION						126. KIND OF BUSINESS OR		
Silver Spring	9110 Wire Ave		Structural						
USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 130 COU	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE	E ADMISSION]	INSIDE CITY LIMITS?	Enginee					
Maryland Mon	tgomerySilver	Spr. YE	SXX NO [9110 Wir	e Ave	enue			
14 FATHER'S NAME	MIDDLE LAST		MOTHER'S MAIDEN NA				LAST		
	MJ Reed		Florence	Н			and		
140 WAS DECEASED EVER IN U.S. AF	10000	IRITY NO. 17	NFORMANT	ADE	DRESS				
	7-1919 023 05	7501	udson D.	Reed (sa	me as	#13			
	nly one couse per line for (o), (b), an		/			BETWE	OXIMATE INTER	DEATH	
	TE CAUSE (a) Coro			2 minte					
Conditions, if any, which		ENCE OF	metal	nela			gove		
gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF (b) Coencrhises Matastacia DUE TO, OR AS A CONSEQUENCE OF (c) Cancer of Prostato					1	+ gen		
PART 2 OTHER SIGNIFICANT Hyphertenses 190 DATE OF OPERATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN I								
NO DATE OF OPERATION	90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES,								

PART 2 OTH! 190 DATE OF NO YES [

71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER

21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

P.M 21e PLACE OF INJURY

1AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1

211 LOCATION CITY OR TOWN COUNTY STATE 1480

220.1 certify that (1) (this hospital) attended the deceased from sow the deceased olive on abave, (1) (we) (did) (did not) view the body ofter death 226. SIGNATURE

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 DATE SIGNED

STATE

NO [

22d. PHYSICIAN'S NAME ITYPE OR PRINTI

NOT WHILE

AT WORK

21d. INJURY OCCURRED

WHILE AT WORK

224 ADDRESS

DEGREE

3000 Washington D.C

and that in (my) (our) opinion death occurred on the date and hour and from the couses stated

Stevens Hulburt 230. BURIAL, CREMATION, REMOVAL 236. DATE

231 NAME OF CEMETERY OR CREMATORY

234. LOCATION

COUNTY

Cremation 24. FUNERAL DIRECTOR

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MPORTANT: If Item 21

CERTIFICATION

Metropolitan

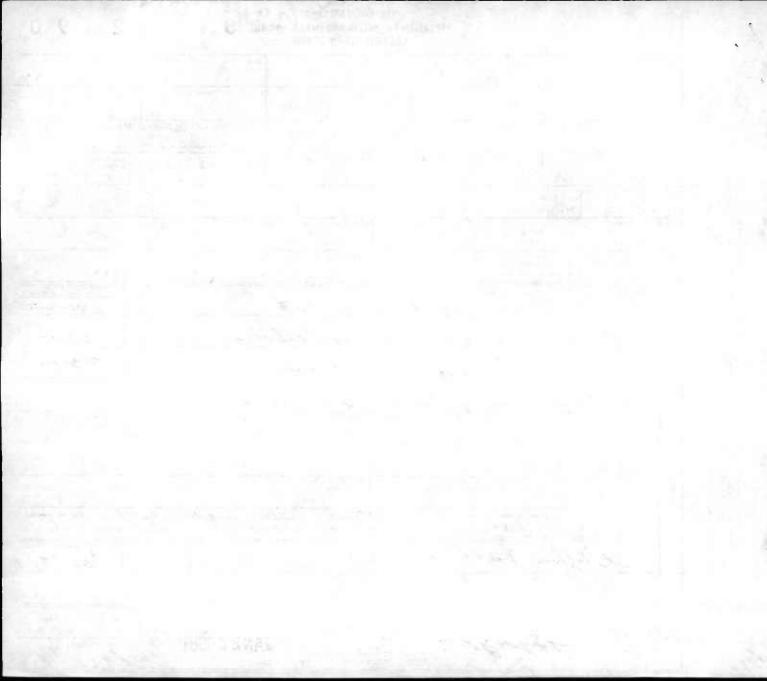
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Pumphrey Inc. Silver Spring Md

DHMH-16 25M (VRA 15, 4) 1/79

JO FUNERAL DIRECTOR: After this certificate has been sig should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to b

250 DAIL CO Sh. REGISTRAR'S SIGNATURE



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Sec. 45 St. J			EASED NAME FIRST	MIDDLE	LAST		REG. N 28. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
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1000	3	SEX	m	RACE W	S. DATE OF E	DAY SEAR	6 AGE (IN YEARS LAST OR		ONTHS CIAYS	HOURS MIN
1	0	BIR	THPLACE (STATE OR FOREIGN 71) UNTRY) TEXAS	CITIZEN OF WHAT COUNTRY?	MARRIED (NEVER MARRIED	Montgo		OF DEATH	
00	85	11/1	yortown of DEATH	NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET HOLLE Cross H	ADDRESS)	OTHER INSTITUTION	12e USUAL OCCUPAT (TYPE OF WORK FOR MOSTO Retired	OF WORKING LIFE)	12h KIND C INDUSTRY! Of C	welfar onn.,
miner m	14	36. ST	nn. Nam I	Harron Madisor) 13		13. STREET ADDRESS 150 Rac	e Hil	l Roa	d,0644
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t, the me	3"		AS DECEASED EVER IN U.S. ARMI S, NO OR UNKNOWN) I IF YES, GIVE W YOS WW -		2940	Nell W. Re	W11e) ADDR eves-(sam			MATE INTERVAL ONSET AND DEATH
r other traumati			Canditians, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU	ENCE OF	ovas culas i				6 DAYS
v injury, o		2	underlying cause last	NDITIONS CONTRIBUTING TO	DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVE	N IN PART 16	01
shows any	2	TIFICATION		NDITIONS CONTRIBUTING TO			INAL DISEASE OR CON	20b. IF YES,	WERE FINDING CAUSES	NGS USED
or Item 18 shows any injury, o	-	CERTIFIC	PART 2 OTHER SIGNIFICANT CO	196 CONDITION FOR WHICH	OPERATION V		200 AUTOPSY?	206. IF YES, IN CERTIFY YES	WERE FINDIFING CAUSES	NGS USED OF DEATH?
Mental Hygiene prior i	-	3	PART 2 OTHER SIGNIFICANT CO 90 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH D.	AY YEAR	VAS PERFORMED	200 AUTOPSY?	206. IF YES, IN CERTIFY! YES	WERE FINDIFING CAUSES	NGS USED OF DEATH?
em 21 is marked or Item 18 shows any	-	MEDICAL	PART 2 OTHER SIGNIFICANT CO 96 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIFETTHER, NOTIFY MEDICAL EXÁMINER) 214. INJURY OCCURRED WHILE NOT WHILE	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21b. PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE, IN 1 oftended the deceased from t	AY YEAR 19 FARM, ETC.) 2	VAS PERFORMED IL HOW INJURY OCCURR	200 AUTOPSY? YES NO ENTER NATURE OF INJU CITY OR TO	20b. IF YES, IN CERTIFY! YES IRY IN ITEM 18, PAR	WERE FINDING CAUSES TI I ORPART 2 COUNTY 9 S1 , and from the	NGS USED OF DEATH? NO STATE that (I) (was) Ic causes stated SIGNED
e as the burial-transi ealth and Mental Hy is marked or Item	-	MEDICAL	PART 2 OTHER SIGNIFICANT CO 90 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 10F EITHER NOTEY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOTEY MEDICAL EXAMINER 21d INJURY OCCURRED 21d INJURY OCCURRED WHILE NOTEY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOTEY MEDICAL EXAMINER 21d INJURY OCCURRED 22d. PAYSICIAN'S NAME (TYPE OR PI	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21b. PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE, which is the body ofter death.	AY YEAR 19 PARM, ETC.) 2 PARM, ETC.) 2 PARM, ETC.) DEC.	VAS PERFORMED IL HOW INJURY OCCURR II LOCATION STREET ATTENDING PHYSICIAN ADDRESS	200 AUTOPSY? YES NO ENTER NATURE OF INJU CITY OR TO	20h. IF YES, IN CERTIFY: YES RY IN ITEM 18, PAR wn ote and haur of	WERE FINDING CAUSES TI 1 OR PART 2] COUNTY 9 S1 and from the	STATE that (I) (we) In causes stated SIGNED

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, P. 9	(TYPE	ORPRINT) Mary	, Va	RI	ice	26. DATE OF DEATH	TAN. 2,1981	8:45
no to	3. SE	female	race caucasian		DF BIRTH	6. AGE (IN YEARS LAST BIRTI	HDAY] IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
death. Page uneral direct		rthplace istate or foreign all'timore, Mary la	Committee of the Commit	WIDOW		Montgome	R COUNTY OF DEATH	ME
offer ed with	R	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU MEMOTIN SUCH FACILITY, GIVES National Lut	neran Ho	ome for the Ag	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF CLERK	ON 12b. KIND O FWORKING LIFE INDUSTRY	of Business Or
ARYLAND 2120 J within 24 hours gleich filled in b nd 2 should be fill Aminermust be.n	13a. S		TY 13c CITY OR		13d. INSIDE CITY LIMITS? YES ☑ NO ☐	130 STREET ADDRESS	side Drive	
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BALTIMORE, are be execu ysicion and c ysicion and c ysicion and c ysicion and c ysicion and c ysicion and c ysicion and c		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) IF YES, GIVE NO	WAR OR DATES	3-8700	Rev.Richard	Reichard 97	Ol Veirs Dr.	Md. Rockvil
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DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r offending physicion. Wher this certificate hos been signs of the burial-transit permit. There lish and Mental Hygiene prior to be increased or term 18 shows any injur	MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER, MOTEY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE ATWORK ATWORK ATWORK		19	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR		STATE
OR ATTENDIN he hospiral or DIRECTOR: A cached for use Dept. of Heal		226.1 certify that ## (this hospi saw the deceased alive an above, ## (we) (did) (did): 22b. SIGNATURE	Tout	19 8/.0	and that in (May) (our) apinion DEGREE ATTENDING PHYSICIAN	death occurred on the do	te and haur and from the	
TO HOSPITAL retoined by th TO FUNERAL should be deta with the State		22d. PHYSICIAN'S NAME (TYPE OF	leskow,	4.D	2141 K. SH	N.W Was	hinator, D	C
2642	(1	Burial, Cremation, Removal	Jan. 6,1981	23c. NAME OF C Garden	emetery or crematory of Faith Com.	23d LOCATION CHYORTOWN Baltimo	re Marylan	state state
DHMH-16 60M 1/73 (VR A 15 (41)		Phe Hysong Comp	any 1300 N St.	N.W.Was	sh. D.C.	DIE CUPER NEGISTRAR	ZDB. REGISTRAR'S SIGNAT	URE

FOR STATE REGISTRAR STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENES
CERTIFICATE OF DEATH

REG. NO.

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	70 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate by executed within 24 hours after death. Physicion.	TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and complished in by the function should be detached for use as the buriol-transit permit. Then please remove combon papers. Pages 1 and 2 should be filed as than 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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	ITAL O	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove componented with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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12	TO HOSPITAL OR ATTENDING PHYSICIAN: The In	Shour with

	FOR STATE REGISTRAR			EPARTMENT OF H CERTIF	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	REG. N		2 5	9 3
	OR PRINT)					_ : : :		DAY YEAR	26 HOUR 6:00 A
3. SE)		4 RACE		5. DATE C	F 8 IRTH		RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
			USA	UNTRY? B. MARRIE	NEVER MARRIED		OR COUNTY	OF DEATH	M
10. CI	TY OR TOWN OF DEAT	H 11. NA	ME OF HOSPITAL, OT INSUCH FACILITY, G	NURSING HOME C	ROAD ROAD	12a. USUAL OCCUPAT	ION	126. KIND C INDUSTRY	OF BUSINESS OF
13a S	AL RESIDENCE (IF NURSINATE Aryland	G HOME OR OTHER INS 36 COUNTY Montg.			13d. INSIDE CITY LIMITS?	13. SIREET ADDRESS 25001 Bu	irnt	Hill R	oad
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NO	gove rise to imme couse (a), stating underlying couse	the DUI	(c)		NOT RELATED TO THE TER	MINAL DISEASE OR CON	NDITION GIV	EN IN PART 1	۵
TIFICATI	190 DATE OF OPERATION	ON 19b.	CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	YING CAUSES	NGS USED OF DEATH?
	OR CONTRIBUTING CA	USE OF DEATH HO		ITH DAY YEAR	21¢ HOW INJURY OCCUI	RRED (ENTER NATURE OF INJ	JRY IN ITEM 18 P	PART 1 OR PART 2)	
MEDIC	21d INJURY OCCURRE	D 21e.			21f. LOCATION STREET	CITY OR T	NWC	COUNTY	STATE
						to 10/15	190 lote and hou	19, r ond from the	that (we) los couses stated
	THE SIGNATURE	qual	Teron	uio	ATTENDING PHYSICIAN	MEDICAL STA	AFF CIAN 🗌	27c. DATE	17/81
22 5	Pasqual /	V. Peri			15 E. Deer		Gait	hersbu	rg, Md.
73a B	UKIAL, CREMATION, RE	- MOVAL 1336 D	ATF	173r NAME OF C	LAALTEDY OD CDEAA ATODY				
	WEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION	1. DECEASED NAME (TYPE OR PRINT) Marg: 3. SEX Female 70. BIRTHPLACE (STATE OR FO Washington 10. CITY OR TOWN OF DEAT Clarksburg USUAL RESIDENCE (IF NURSIN 130. STATE Maryland 14. FATHER'S NAME FIRST Henry 160. WAS DECEASED EVER IN (YES NOOR UNKNOWN) 18. CAUSE OF DEATH PART I. DEATH WAS Conditions, if ony, gove rise to imme couse (o), stoting underlying couse PART 2. OTHER SIGNI 190. DATE OF OPERATIR PART 2. OTHER SIGNI 210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOILEY MEDICA 21d. INJURY OCCURRE WHILE NOILEY MEDICA 21d. STORY WHILE NOILEY MEDICA 21	NOT THE PROPERTY OF THE PROPETY OF THE PRO	I. DECEASED NAME FIRST MIDDLE TO BIRTHPLACE (STATE OR FOREIGN COUNTRY) TO COUNTRY) TO COUNTRY) TO COUNTRY TO	1. DECEASED NAME (TYPE OR PRINT) Margaret Kathleen - RIEDE Margaret Kathleen - RIEDE 7.0. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Washington, DC 1. NAME OF HOSPITAL, NURSING HOME OF CHARLEST HEADTH HOLD STREET ADDRESS HOLD STATE HOLD WISH FACILITY, GIVE STREET ADDRESS HOLD STATE HENRY MARYLAND 1. NAME OF HOSPITAL, NURSING HOME OF CHARLEST HOLD STATE MARYLAND 1. NAME OF HOSPITAL, NURSING HOME OF CHARLEST HOLD STATE MARYLAND 1. NAME OF HOSPITAL, NURSING HOME OF CHARLEST HOLD STATE 1. NAME OF HOSPITAL, NURSING HOME OF CHARLEST HOLD STATE MARYLAND 1. NAME OF HOSPITAL, NURSING HOME OF CHARLEST HOLD STATE 1. NAME OF HOSPITAL	1. DECEASED NAME (1985) Margaret Kathleen RIEDEL 3. SEX Female White April 30,1910 18. BIRHPLACE (STATE OR FOREIGN DECOMPRISE) Washington, DC USA WIDOWED DIVORCED 19. CITY OR TOWN OF DEATH Clarksburg LISUAL RESIDENCE (19 NUBSING HOME OF ORDITAL, NURSING HOME OR OTHER INSTITUTION DESCRIPTION OF STREET ORDITAL, NURSING HOME OR OTHER INSTITUTION Maryland 19. FATHER SIAME FIRST MODULE FASTIE BEST Henry F. Wash 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY: (THE WOOD ON NANOWN) 19. DATE OF OPERATION 19. DATE OF OPERATION 19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED 19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED 19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED 19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED 19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED 19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED 19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED 19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED 19. ACCIOENT WAS UNDERLYING ON THOUGH AM. MONTH DAY YEAR P.M. 19. TIL ACCIOENT WAS UNDERLYING ON THOUGH AM. MONTH DAY YEAR P.M. 19. TIL LOCATION SINKET 19. ACCIOENT WAS UNDERLYING ON THE CORPINITY 19. ACCIOENT WAS UNDERL	1. DECEASED NAME 1831 MODDE 1.6.51 1. DECEASED NAME 1831 MODDE 1.6.51 1. DATE OF DEATH 1.6.51 1. DATE OF DEATH 1.6.51 1. DATE OF DEATH 2.5.51 1. DATE OF BRITH 2.51 To DATE OF BATH To DATE OF BATH TO DETAIL TO DE	LOCE ASSED NAME 1851 MODIE LOST 1860 MARGE MODIE LOST MARGE MODIE MODIE	

Olin L. Molesworth, P.A., Damascus, Md. JAN 1 2 1981

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Pasmual V. Perrino, M.D. 15 F. Ocer Park Dr., Gaitherakure, G.

Burial 1/10/.1 Cedar Hill Suitland olin 5. toler orth, P.S., Demogram, Md. UNM Prijgg 2

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7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		CEASED NAME FIRST E OR PRINT)		LAST	OF ESTI-	NTH DAY YEAR 26 HOUR
ET SEE			Frederick Y.	Robertson	DEATH MATED 1	- 17 M
RY, PIEASE DIRECTOR OUR FILES. TZ HOURS		male Cauc.	Dec. 31, 1937 43	(IN YEARS IF UNDER 1 YR. IF UNDER 24 BIRTHDAY) MONTHS DAYS HOURS MI	PRONOUNCED 1	20 19 81 6:39 P
NAME OF STREET	FO	RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED . NEVER MARRIED	9. BALTIMORE CITY OR CO	
NA NA NA	Was	hington, D.C.	U.S.A.	WIDOWED DIVORCED	Montgomer USUAL OCCUPATION (TYPE OF WI	MD.
ELAY IS TO THE BE PREG SS, 2016]	Bethesda	Suburban Hosp	ital	FOR MOST OF WORKING LIFE) Adjustor	OR INDUSTRY
21201 : ANY D AND 3 RETAIN POULD	130. S Ma	ryland Mon	ome or other institution, give residence before a dunty 13c. CITY OR TO Rockvil	WN 134. INSIDE CITY LIMITS? 134	STREET ADDRESS 0232 Rockville F	Pike
MD. MD. W. 3. V. 3. S.	14. FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN P	MIDDLE	LAST
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BALTIMORE, MD. S. AFTER DEATH. IF GIVE PAGES 1, 2, THE FORM PM 3: PAGES 1 AND 2.5 WISION OF VITAL	(Y)	VAS DECEASED EVER IN U.S. ES, NO, OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	James Louis 3561 Drive, Wash	Robertson - 511	14-Brookview 016
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DHMH-17 (VR A15 ME (5)) 15M 2/80	24. FI	NAME P.A., ROC	rt A. Pumphrey Fune kville, Maryland	ral Homes 250. DAYE REC		R'S SIGNATURE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENED - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO REGISTRAR I. DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) OF DEATH MATED SEX DATE LAST BIRTHDAY PRONOUNCED DEAD 206 YRS 9 BALTIMORE CITY OF To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S. WIDOWED & New York DIVORCED 2020gomer 120 USUAL OCCUPATION (TYPE WORK 126. KIND OF BUSINESS IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE! OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Sales Mgr. 13d. INSIDE CITY LIMITS? 13e STREET ADDRE IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE LAST FIRST FIRST James 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO IYES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) DIVISIO No 068-05-3693 18. CAUSE OF DEATH (Enter only ane cause per line for (a), (b) and (c). BETWEEN ONSET AND DEATH PART | DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF CHIEF MEDICAL EXAMINER A USED AS A BURIAL-TRANSIT OF HEALTH AND MENTAL HY Conditions, if ony, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost OR PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? PAGE 3 SHOULD BE US STATE DEPARTMENT OF 21201 PRIOR TO BURIAL, YES 🗌 NO U 210 EXTERNAL CAUSE WAS 16. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR LOR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e. PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET COUNTY STATE CITY OR TOWN WHILE AT WORK Inspection 220. I certify that I taak charge of the remains described above, held an Autapsy Inquiry and in my opinion AFTER DEATH, WITH THE BALTIMORE, MARYLAND, 2 Notural causes Homicide Undetermined manner death resulted from: Accident Suicide TITLE (SPECIFY) ACTUA SIGNA R'S NAME CHE PROVE 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c, NAME OF CEMETERY OR CREMATORY COUNTY 1/14/81 Removal 250. DATE REC'D. BY REGISTRAR 24. FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) Anatomy Board Balto., Md.

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STATE OF MARYLAND

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer seath. Page: retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours at with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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744	1 -	FOR STATE REGISTRAR		T OF HEALTH AND MENTAL HYCERTIFICATE OF DEATH	REG. NO.	12000
		CEASED NAME OF PRINT; MARY	FRIT M. RO	DEN BURG	20. DATE OF DEATH MONTH	58/ 1230
	3. SEX	emale		DATE OF BIRTH	6. AGE (IN YEARS LAST AFFICAT)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
51	70. BII	THPLACE (STATE OR FOREIGN		MARRIED NEVER MARRIED DIOWED DIOWED	Mont gomery	
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84	Wa	shington 3 1	Tacoma	YES NO [13e STREET ADDRESS 2902 South 8	34th Street
29	14 FA	David	McCulloch	15. MOTHER'S MAIDEN NA Bethia	Frances	Waddell
3	160 V	(IF YES, G	INE WAR OR DATES	NO. 17. INFORMANT 811 Carol Law	814 Carter ton Rockvil	
	TION		(b) DUE TO, OR AS A CONSEQUENC (c) CONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELAYED TO THE TERA	AINAL DISEASE OR CONDITION	
2	CERTIFICATION	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR	200 AUTOPSY? 20b. IF YES NOTE NATURE OF INJURY IN ITEM	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 18, PART 1 OR PART 2)
7	MEDICAL	OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		211 LOCATION	CITY OR TOWN	COUNTY STATE
		22a.l certify that the thirs has saw the deceased alive a above, (1) was didn't did n	priary offended the deceased from 19		deoth accurred on the date and	
	c	226 SIGNATURE 226 PHYSICAN'S NAME (TYPE	hord (M ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/5/81
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3	C	remation	6. 1981 Metr	opolitan Crema	atory Alexand	ria, VIRGINIA
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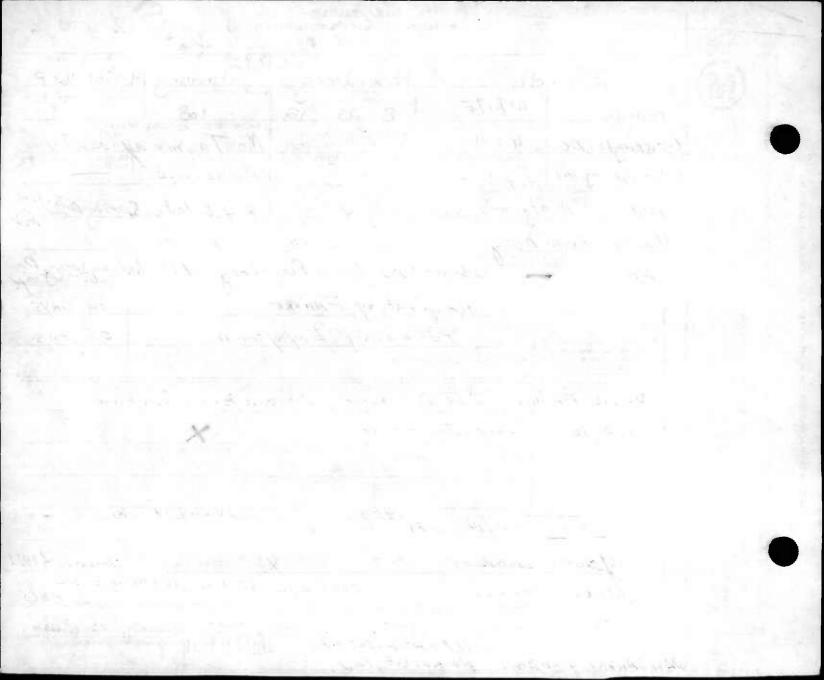
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.
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10 Tied	BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Cashington, DC.	76 CITIZEN OF WHAT COUNTRY? MARRIED ONEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH MONT GOMER PLANTY A 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY INDUSTRY
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n 18 shows any in	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED RESPIRATORY FAILURE	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{c} \text{NO} \end{array} \\ \text{VES} \(\begin{array}{c} \text{NO} \end{array} \end{array}
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TWPORTANT	Verter	ORPRINT) CROWELL PHYSICIAN 220 ADDRESS 2025 E YE	St., N.W Washingfin PC
	BURIAL, CREMATION, REMOVA (SPECIFY) Burial FUNERAL DIRECTOR	236. DATE 136-1981 Nat'1. Mem. Parl	k Falls Church, Virginia



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

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FOR - STATE REGISTRAR REG. NO TO. DATE KNOWN AMONTH DECEASED NAME (TYPE OR PRINT) ESTI-DEATH MATED DATE LAST BIRTHDAY) PRONOUNCED DEAD MARRIED NEVER MARRIED 176. KIND OF BUSINE OR INDUSTRY NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION IO. CITY OR TOWN OF DEATH TEMPLE UNIV. HOSTESS 3b. COUNTY 13e. STREET ADDRESS 619 BEACON IS. MOTHER'S MAIDEN NAME MIDDLE LAST DIVISION OPVITA MIDDLE CARRIE JOSEPH DOW 17. INFORMANT ADDRESS 66 SOCIAL SECURITY NO 6g WAS DECEASED EVER IN U.S. ARMED FORCES? HUGHES CT., ADELPHI. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY ISE MEDICAL EXAMINER ISED AS A BURIAL-TRANSI P HEALTH AND MENTAL H CREMATION, OR REMOV. Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 20. AUTOPSY? NO So O BURIAL DEPARTMENT 716 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) MEDICAL AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy and in my apinian TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE BALLIMORE, MARYLAND, 2 death resulted from Accident Hamicide Undetermined manner ACTUAL SIGNAT John S. Rogers. 1919 Seminary Road 73c. NAME OF CEMETERY OR CREMATORY VA. ALEXANDRIA METROPOLITAN CREM JAN. 10,81 CREMATION BLVD. WEST 250 DATE REC'D BY REGISTAN **DHMH-17** (VR A15 ME (5))

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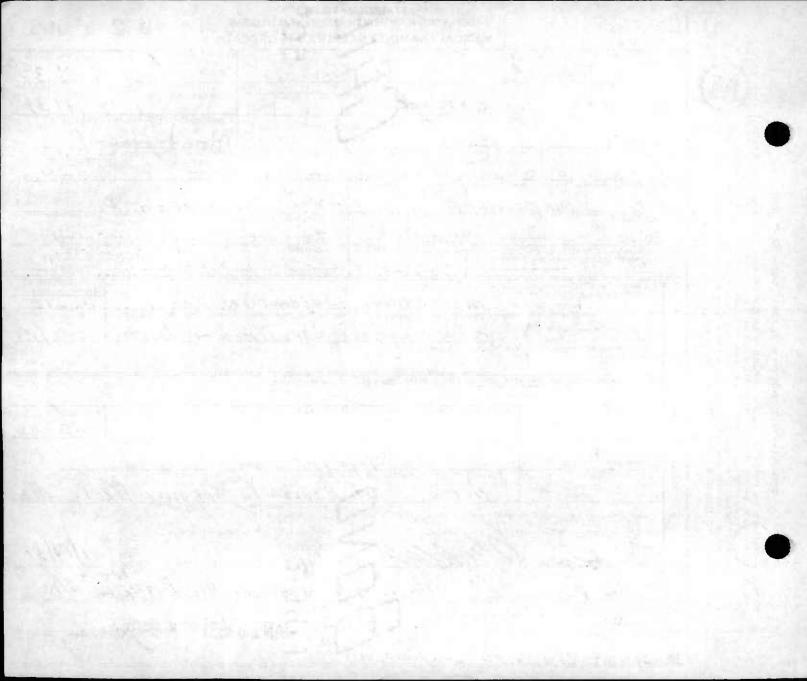
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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Jules Rousseau Henriette	Auclaire
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18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL LNFARCTION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ACUTE
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TO T	nquiry , and in my opinian ined manner ,
TITLE (SPECIFY) ACTUAL ACTUA	LEXAMINER DATE 1/14/81
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FOR - STATE REGISTRAR

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he deceased from_	19/1	nd that if (my) (bur) opinion	death occurre	d on the	date one	1	ond fro	, the c		we) lost
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22e ADDRESS St. Michael's Church Cem. Lansford Pa Carbon Maryland 1/16/81 St. Michael 1/16/81 St. Micha REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MIDDLE 26 HOUR 8 B. 1981 January ..21 4. RACE 6 AGE (IN Y. ARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3-SEX DATE OF BIRTH 1.2° pril 1905 7.5 7n BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH ASTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Margareau WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OR TOWN OF DEATH 12a. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Exales 30a Housewife Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c. CITY OR TOWN Bethesda 13e STREET ADDRESS 6313 Winston 13d. INSIDE CITY LIMITS? Maryland Montgomery Drive YES TA 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Robert MIDDLE MIDDLE Mc Cullough Bruce Margaret 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT 30140Bernleigh Rd. (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-44-4349Wm. B. Russell Roanoke, Virgina APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY CARCINOMA METASTATIC IMMEDIATE CAUSE (a OR AS A CONSEQUENCE OF CANCER - LORGE CELL Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSPOUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION

19a DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON YES [NO F 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

WHILE NOT WHILE AT WORK 220.1 certify that (I) (this hospital) attended the deceased from 2/ 192 sow the deceased alive on_

M1)

and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated obove, ((we) (did) (we) view the body ofter death 226. SIGNATURE DEGREE 22c DATE SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 10 400 AUC

FUGENE KENSINSTON 20791 23¢ NAME OF CEMETERY OR CREMATORY 13h PAGary

230. BURIAL, CREMATION, REMOVAL 1981 columbia Gardens

CITY OF TOWN Arlington. Virginia . 250. DATE REC'D. BY REGISTRAR 251 GISTRAR'S GN JURE

CITY OR TOWN

RALDIRECTOR Robert A. Pumphrey Funeral Maryland Betherda, Maryland 24. FUNERAL DIRECTOR

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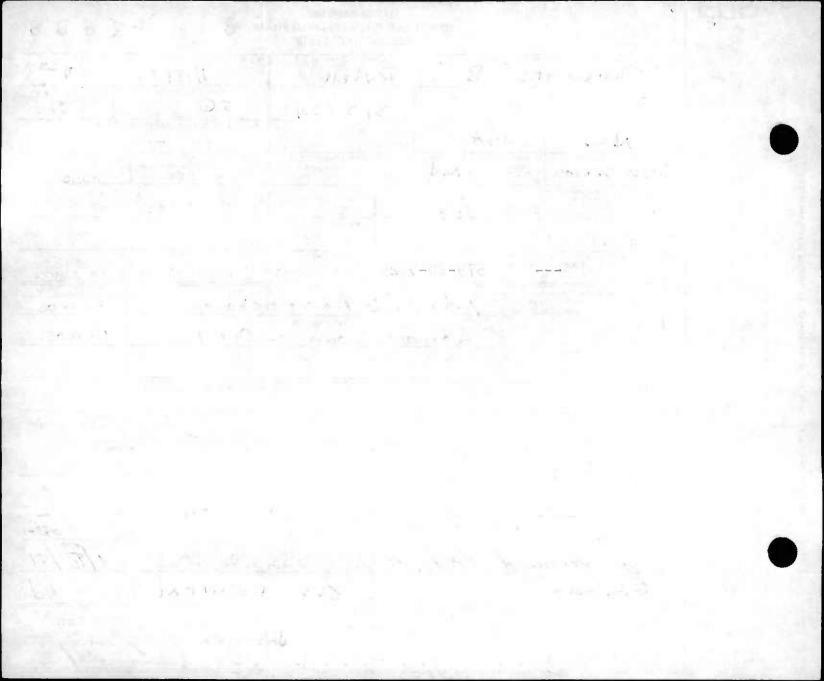
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	1 DE	CEASED NAME Main ga	rette MIDDLE B.	D.	AST Rydell	20 DATE OF DEATH	TAD HTHOM	YEAR	7 24 P
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atic even		PART I. DEATH WAS CAUSED	y one cause per line for (a), (b), and BY: E CAUSE (a) Metas		è Adenoca	reinoma			mate interval onset and death
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marked	MEDICAL	21d. INJURY OCCURRED WHILE ONT WHILE OF AT WORK	218 PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	VN	COUNTY	STATE
IMPORTANT: If Item 21 is marked		220.1 certify that (1) (this hospite saw the deceased alive on_ above, (1) (ea) (did) (did not	of) offended the deceased from TAN 16 19 (1) view the bady after death.	01	nd that in (my) (eve) opinion (. 19		that (I) (weblost causes stated
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DHMH-16 25M (VRA 15, 4) 1/79



Capitol Funeral Service, Fairfax, Va.

PRESTON ST

DIVISION OF VITAL RECORDS

(VRA 15, 4)

STATE OF MARYLAND

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DHMH-16 25M

(VRA 15, 4) 1/79

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 28 DATE OF DEATH MONTH Sandova1 Alejamiro Jose (TYPE OR PRINT) 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR CAUC VEWBORN MASSIAN D 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED MONT GOMERY WIDOWED DIVORCED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) SILUER SPRING CROSS Hospital never employed USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION Alexandria, Va. 13a STATE 13L COUNTY 13c CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Armistead St. Apt 103 Virginia none Alexandria NO [4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME sho MIDDLE VIR.91/10 A 166 SOCIAL SECURITY NO 17 INFORMANT ARMYSTEAD, ALEXANDRIA (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) no none CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY PESPIRATORY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which other gave rise to immediate cause 101, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION prior 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED shows IN CERTIFYING CAUSES OF DEATH? NO YES [21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ā P.M 214 INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 27a 1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an and that in (my) (ear) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) 1did) (did no 22b. SIGNATUM DEGREE ATTENDING .MEDICAL State PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (LEPE OR PRINT) should be with the S

22c. DATE SIGNED FOREST GLEN, SILVER SPRING MD 1500 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23d. LOCATION 23b. DATE (SPECIFY) Metropolitan Crematory Alexandria, Virginia Cremation M FUNERAL DIRECTOR Son Wheeler Funeral Home, Inc. 250. DA CONTO BY RESHOR R 250. REGISTRAR'S SIGNATURE 1331 Rockville Pike Rockville, Maryland

STATE OF MARYLAND

26. HOUR

12h. KIND OF BUSINESS OR

BETWEEN ONSET AND DEATH

IF UNDER 24 HRS

81 IF UNDER I YEAR

INDUSTRY

COUNTY

IndiquoH - who were Virginia none Alexandria X 487 M. traintend St. Apt 105

bejolgne moven Alexandria, Va.

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destriction 1/5/31 Matropolium Cremitury Haxandria, Virginia

Barrier , Live of the agent out for

DHMH-16 25M (VRA 15, 4) 1/79 FOR

REGISTRAR

- STATE

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0.1	100	CITIZEN OF WHAT COUNTRY?	MARRIED NEVE		ontgomer		OF DE	ATH		MD
OO Chevy	Chase	. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 5100 Westpe	ett Rd.	NSTITUTION	12e USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Teacher		FE) INDI	KIND OF USTRY 1Cat:	17.5.517.5	ESS OR
Nd Md	Mont		n 134 INSID	E CITY LIMITS?	13. STREET ADDRESS 5100 West	port	Rd.			
g Un	KNOWA	DLE LAST		ER'S MAIDEN NAA FIRST	Unknown			LAST		<u> </u>
E 16a WAS DECI					ADDRE		Cro	oksi	ton	Lan
gave cause underly		DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) NDITIONS CONTRIBUTING TO E	ENCE OF	TED TO THE TERM	INAL DISEASE OR CONI	DITION GIV	/EN IN P	ART I(a)		
TAG OF I STORY OF THE CATOR OF	OF OPERATION	19% CONDITION FOR WHICH	OPERATION WAS PER	RFORMED	20a AUTOPSY?	206. IF YE	S, WERE FYING C	FINDING AUSES C	GS USED OF DE AT	TH?
A CALCALL	DENT WAS UNDERLYING RIBUTING CAUSE OF DEATH, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, I	PART I OR P	PART 2)		
WHILE AT WORK	IRY OCCURRED NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	PARM, ETC.) 211 LOCA STRI		CITY OR TOW	N / /	COUP	NTY	ST	TATE
275. SIG	the deceosed alive on ve. (I) (we) (did) (did not) v NATURE	ortended the deceased from 198 view the body offer death.	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAF					
	ok Kleh M.D			519th	St., N.W. W	ash.,	D.C	•		
27a BUIDIAL C	REMATION, REMOVAL	23b. DATE 23c. P	NAME OF CEMETERY	OR CREAL ATORY	23d LOCATION					

5130 Wisc. Ave., N.W. Wash., D.C.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

25 HOUR 9:00 pm

Rockville, Md. Crookston Lane, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

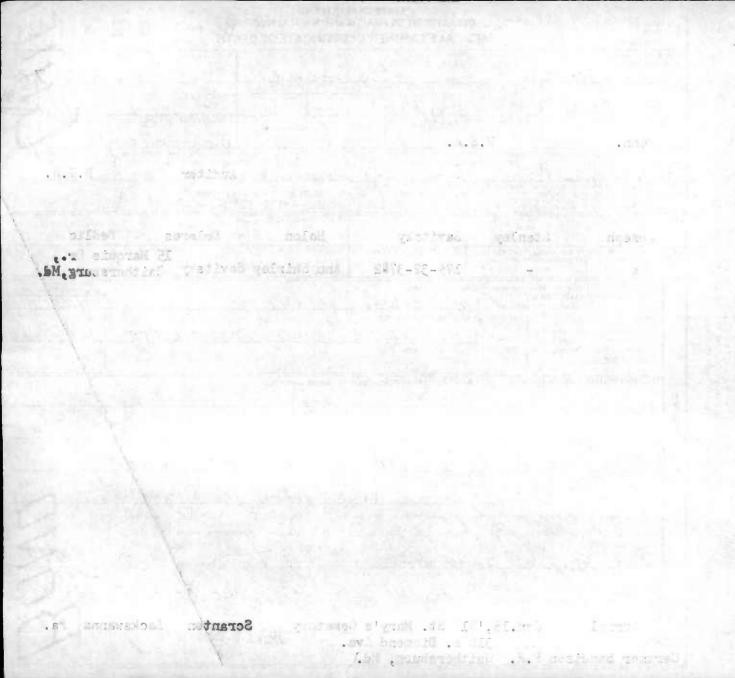
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.bM .e.[fkw.coE	Unknown					nworola)
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1145-19th St., N.W. Deh., D.C.

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1	2					OF MARYLAND		
1		1-	FOR STATE			ALTH AND MENTAL HYGI	ENE 0	26 2
			REGISTRAR	MEI	DICAL EXAMINE	Y'S CERTIFICATE OF D	EATH REG. NO.	
			CEASED NAME FIRST	1	WIDDLE	LAST	OF ESTI-	ONTH DAY YEAR 26. HOUR
	ESSARY, PLEASE FRAT DIRECTOR. OR YOUR, FILES. HIN 72 HOURS REFON STREET.	0	Jose	ph	J. 5	aditsky	DEATH MATED C	01 11 1981 7 PM
	A CIE	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS	IF UNDER 1 YR. IF UNDER 24 HE		NTH DAY YEAR 24. HOUS
	OIR NOTE IN		m CAUCO	3 22	43 37 YRS.	MONTHS DAYS HOURS MIN	DEAD	1 1/ 1981 7-11
	SSSA TAIL TAIL TAIL TAIL TAIL TAIL TAIL TAI	7a. B	IRTHPLACE (STATE OR DREIGN COUNTRY)	76 CITIZEN OF WE	HAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	DUNTY OF DEATH
	いるできずし、)	1	Penn.	U.S	. A	IDOWED DIVORCED	Mantani	2ry County/MC
	7 4 0 3	10. C	ITY OR IQWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOME, C	ROTHER INSTITUTION , 120.	USUAL OCCUPATION (TYPE OF W	
	AY IS THE FILE	E	2 mlin Jans	(IE NOT IN SUCH FA	CILITY GIVE STREET ADDRESS)	11/2011	FOR MOST OF WORKING LIFE) Auditer	N.I.H.
	TAIN BE ORDS,	USU	AL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADMISSION)	VI H00014011		N.L.n.
102	7 III - Com	13a. S	TATE 136 COUI	16071084	GATHERS KUR	13d. INSIDE COPY LIMITS? 13e.	STREET ADDRESS	8
212	SHO SHO	14.5	ATHER'S NAME	160/2/0104	101111100515010		MARQUIS	Br.
MD	PM 3	14. 17	FIRST	MIDDLE	Savitsky	15 MOTHER'S MAIDEN NA FIRST Helen	AIDDLE	Pedlic
m,	OF AN			Stanley	16b. SOCIAL SECURITY N		Deleres	
MO	# 40 Z			E WAR OR DATES)			~ 15° Ma	rquis Dr.,
ALTI	S AFT GIVE ITH F AGES VISIO		No	44	179-32-3782	Ann Shirley	Savitsky Gait	hersburg, Md.
00	N. S. S.		18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	nly one couse per line	for (a), (b), and (c).)			BETWEEN ONSET AND DEATH
N ST	EM ONO EM	1		ATE CAUSE (o)	MYOCARDIA	L INFRACTION	N .	ACUTE
O	A A A A A A A A A A A A A A A A A A A	12.1	4100	and the second second	AS A CONSEQUENCE OF	. 0		
REG	E # 8 4 9		Conditions, if any, which gave rise to immediate		TERIOSCICRO	TE ALDIDONSU	ULMA RUETIST	INDEFINITE
×	233428		cause (a) stating the under		AS A CONSEQUENCE OF			
00	E T T E T S		lying cause last.	(lei				
.50	SA ESON		PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINA	. DISEASE OR CONDITION GIVEN IN PART 1 (a		
O	A S S S S S S S S S S S S S S S S S S S	Z		CH	200, 4/1	(1100)		
REC	547049	CERTIFICATION	19s DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERAT	ION WAS PERFORMED?		20. AUTOPSY?
TAL	20 F 20 F	H H	- /					YES NO 4
F	WE WE SEE	1 1	ZIE EXTERNAL CAUSE WAS	713. TIME OF		21c. HOW INJURY OCCURRED (EN	ITER NATURE OF INJURY IN ITEM 18 PART 1	
0	COMPLETE	1 N	UNDERLYING OR OR CONTRIBUTING CAUSE OF	Sec. 11. 1-25.	MONTH DAY YEAR	COLLAPSED	11 × 1/2	
Sio	SA SE SE	MEDICAL	216 INJURY OCCURRED	DEATH PLACE	DE INJURY LATHONE	21f. LOCATION	MA HOM	Ann.
DIVISION	A SECON	뿔	WHILE NOT WHILE	IN LINE SAME	toer, rask, etc.)	STREET	CITY OR TOWN	COUNTY STATE
	THE WAS		AT WORK AT WORK	140	146	13 MAISAUTS-13	CHITHERS SUR C	1/1101- 111
	A A TE		27s. I certify that I took shor	ge of the remains ser	above, held an	Autopsy , Inspection	Inquiry , and in a	my opinion
	AN A		death resulted from Tags	siral courses (5).	Accident L. Julicio	le	pletermined monner	
	WITE STATE			1211	1/11/2	TITLE (SPECIFY)		1/1/1
	BACKES -		SIGNATURE	111	uy no	_M.D. Def V.		ATE IGNED
	SEA SEA			,	1.= 11	61 . 1	1)-	20014
	MEDICA ECUTE TI GE 4 SH FUNER, TER DEAT	-	(TYPE OR PRINT)	- MI	4 LZ M13	ADDRE O JOO WIS C.	inso w pros per	HETDA WIS
	TO MEDICA EXECUTE TH PAGE 4 SH TO FUNER. AFTER DEAT BALTIMORE.	23a.B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEME	TERY OR CREMATORY 230	LOCATION	COUNTY STATE
20	BP /		Burial	Jan.15.18	St. Mary	s Cemetery		awanna Pa.
	DHMH - 17	24. E			E. Diamond		E TRE TORAR 25% REGISTRA	198 SIGNATURE
	(VR A15 ME (5)) 15M 7/76	G	artner Sandisen		ithersburg. N			
	13M ///0	-	a dioz banazbon	- ear ue.	rough part Part		0-4	



completely filled in by the funeral 1 f and 2 should be filed within 72

TO FUNERAL DIRECTOR: After this certificate has been signed by the intending physician and cashould be detached for use as the burial-transit permit. Then please remain containingpers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremetion, or remain

OR ATTENDING PHYSICIAN: The low requires that the

retained by the hospital or attending physician.

JO HOSPITAL

BP

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event. The

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2

1-	FOR STATE REGISTRAR			DEP		EALTH AND MENTAL H		O	2 6		3
	CEASED NAME	e Le	N	AJDDLE	Sell	hai BLE	2a. DATE OF DEATH	1-0	1-81		Pn M
3 SE	F		4 RACE)	5 DATE C	DAY YEAR 9	6 AGE (IN YEARS LAST		FUNDER I YEAR	IF UNDER	MIN
	OUNTRY) N . H.	REIGN	O CITIZEN OF	WHAT COUN	TRY? 8 MARRIEI WIDOWE	D NEVER MARRIED [OR COUNTY			MD.
S	iLVER Spri	Ng	COLO	NiaL	V. LLa	NUrsing Hon	12a USUAL OCCUP (TYPE OF WORK FOR MO!		176 KIND O	F BUSINE	ESS OR
	AL RESIDENCE (IF NURSI STATE Md.		OTHER INSTITUTION, TY 77 7.		BEFORE ADMISSION) TOWN COSpoing	13d. INSIDE CHY LIMITS?	1/4330	solumbia	P:Ke		
14 FA	ATHER'S NAME FIRST Charles		Aldrich	-Ames		15. MOTHER'S MAIDEN P FIRST Matt	MIDDLE	rse	Ing	alls	
	WAS DECEASED EVER I		MED FORCES? WAR OR DATES)	289-3	SECURITY NO. 4-263 A	Mrs. Hel	en Bender	S ilve	r Spri	ng, A	Md.
NO	Conditions, if any, gove rise to imm couse (a), stating underlying couse	which sediote the lost.	DUE TO, OI	RASACONS	EQUENCE OF	CARLIA NOT RELATED TO THE TE		ONDITION GIVE	N IN PART 110	uport.	-43
CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	WERE FINDING CAUSES		TH?
MEDICAL CER	21g. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTION (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURR WHILE NOT WHILE	AUSE OF DEAT	P. 21e PLACE	M. MONTH M. DF INJURY	DAY YEAR	216 HOW INJURY OCCI	URRED (ENTER NATURE OF 11		COUNTY	ST	TATE
	220.1 certify that (I) sow the decease obove, (I) (we) Id 22b. SIGNATURE 22d. PHYSICIAN'S NA	(this hospited olive on id) (did not	JAN view the body	19	19 <u>81</u> or	2 19 7 nd that in (my) (our) opinic DEGREE ATTENDING PHYSICIAN 22e ADDRESS 76	on death occurred on the	TAFF SICIAN		SIGNED	,
	BURIAL, CREMATION,	REMOVAL	23b. DATE		7	EMETERY OR CREMATOR	Y 23d. LOCATION CITY OR TOWN		OUNTY	STA	ATE

DHMH - 16 50M 1/76 (VR A 15 (4))

24. FUNERAL DIRECTOR

Burial

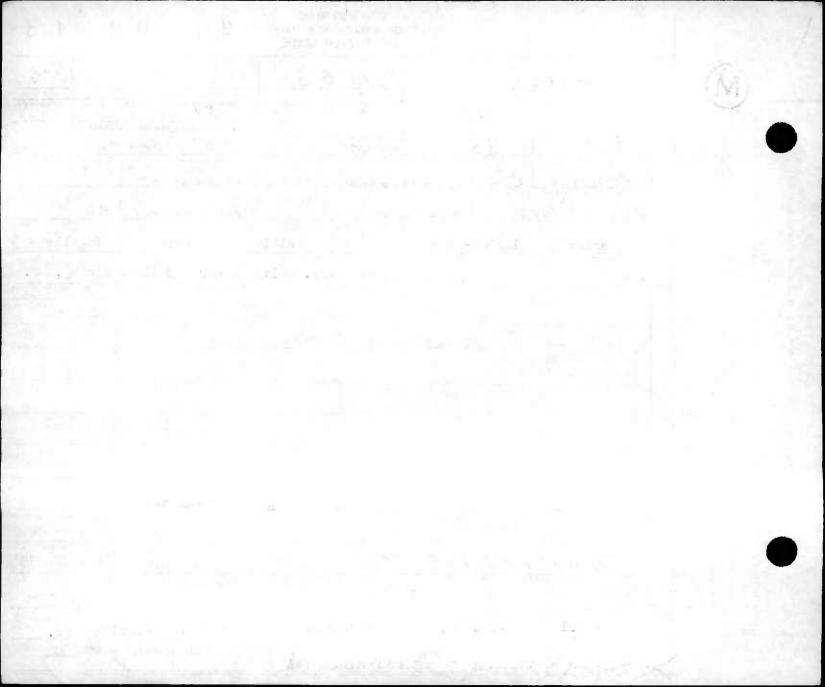
Jan. 23,

Junior Order

Preston

Caroline

Md.



FOR STATE REGISTRAR

	REGISTRAR			CEKTIF	ICAIE OF DEATH	REG.	NO.		
	PECEASED NAME	FIRST	MIDDI	E O	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	26. HOUR
m		600	W	de	hekorra	Jan.	1 29	81	1 HA
3.5	SEX 1	4.1	RACE	3 DATE C	OF BIRTH	& AGE (IN YEARS LAST		ONTHS DAYS	IF UNDER 24 HRS
	Temale		White	9ct/0	18 26	54	YRS.		
1 -	BIRTHPLACE (STATE OR COUNTRY)		CITIZEN OF WHA	. MAPPIE	D NEVER MARRIED	BALTIMORE CITY	_		
	nsas City,		th.51	9 WIDOWE	D DNORCED	Most	game		usky
900	telver SP	ung	Bel Py	PITAL, NURSING HOME CO	Cau Carte	120 USUAL OCCUPA (TYPE OF WORK FOR MOS Ret. U.		146. KIND OI INDUSTRY	F BUSINESS C
83 US	ual residence (# Nui) state Virginia	Arling	ton	residence before admission) CITY OR TOWN	134 INSIDE CITY LIMITS?	13. STREET ADDRES 4621 S.	s 34th St		
0.1	rather's name rederick	Willi		Schekorra	Ida Ida	AME MIDDLE		Rumbkê	
5 7	WAS DECEASED EVE (YES, NO OR UNKNOWN)	R IN U.S. ARME (IF YES, GIVE WA		SOCIAL SECURITY NO.	Dr. Fred Sch		O Dogwoo	od Dr.,	Jeffer
	18 CAUSE OF DEA		ine cause per line Y		Care	Al	1.		MATE INTERVAL DISET AND DEAT
	1629	IMMEDIATE C		A CONSEQUENCE OF	01	1	0	-	
E o	Conditions, if on		(b)(arce	af Li			2/	er.
or other traumond	gave rise to in cause (a), stat underlying caus	ing the	DUE TO, OR AS	A CONSEQUENCE OF	,				
×		SNIFICANT COM	NDITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIVE	N IN PART 10) ·
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7						YES NO		ING CAUSES	NO [
		CAUSE OF DEATH	21b. TIME OF IN HOUR A.M. P.M.	JURY MONTH DAY YEAR	ŽICHOW INJURY OCCU	RRED (ENTER NATURE OF IN	JURY IN ITEM 18, PAR	RT 1 OR PART 2)	
d or Item	214 INJURY OCCU		21e PLACE OF I	NJURY	211 LOCATION	CITY OR	COMPI	COUNTY	STATE
yked X	AT WORK AT W	WHILE	(AT HOME, STREET,	FACTORY, OFFICE, FARM, ETC.)	SINEE	CITYOR	C		STATE
S 30	220 I certify that (l) (this haspital)	ottended the de	eceased from	79 1986		29 1	927.	that (I) (we) l
121	sow the decea abave, (1) (we)	ised plive an (did) (did not) v	iew the bady alte	r death	nd that in (my) (aur) apinio	death accurred and the	date and hour	and fram the e	causes stated
t t	22% SIGNATURE	4/	2		DEGREE ATTENDING	MEDICAL S	TAFF	22c DATE	SIGNED
	186	//>	20	1	PHYSICIAN	DIRECTOR PHY		1/2	7/8/
MPORTANT	221 PHYSICIAN'S N	1	119 CK	mo	22. ADDRESS 4	lie DR	Whea	Ton	
₹30	BURIAL CREMATION	, REMOVAL	^{23b.} DATE 1-29-81	23c NAME OF C	EMETERY OR CREMATORY	236. LOCATION CITY OR TOWN		OUNTY	STATE
	FUNERAL DIRECTOR	7160	I. FA	Talk I	awn Cemerery	Kans	as City	MO AR S SIGNATI	iDE.
20M	"T 1.1.	4 99	yang	MONEST .	1/2 FER	6 1981	properly	Des Barre	ed-
7/78									

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

STATE OF MARYLAND

Till I All Andrews and Manager and All Andrews and And

The second of th

DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201	EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNEAR CHECKLE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNEAR CHECKLE AS A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR ONE TO FUNEAR DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 301 W PRELIGHTED BATTIMORE, MARYLAND, 2) 201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.
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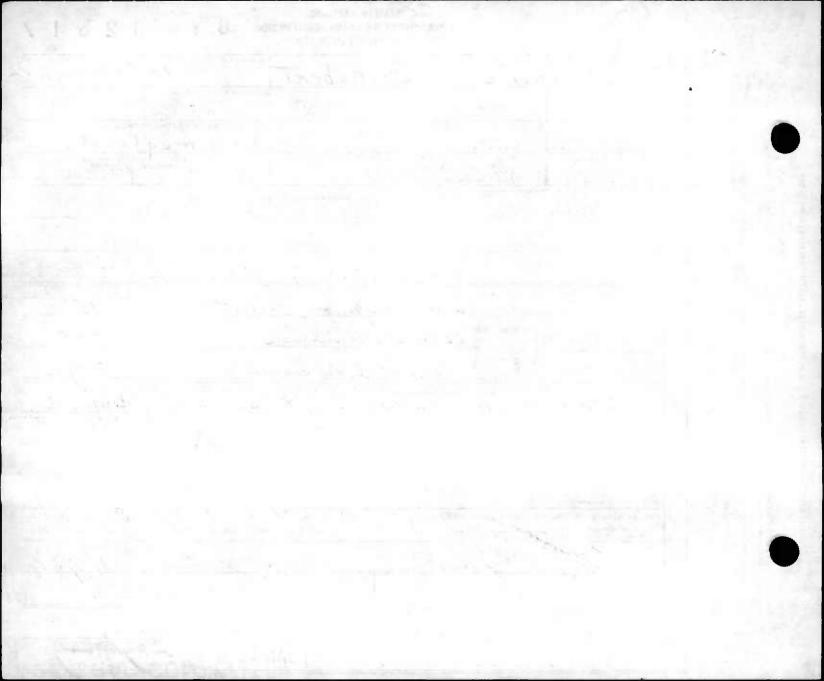
5.	0	MENTAL HYGIE	ER'S CERTIF	AL EXAMIN	MEDICA		STATE REGISTRAR	
_ 87	20. DATE KNOWN MONT		LAST	OLE	MIDGLE	FIRST	EASED NAME	
Juli - 2 , 19	DEATH MATED 181		CHACHTER	S	SKEL	CHA		
MONTH GAY YEAR	PRONOUNCED MONTH	HOURS MIN.	RS IF UNDER 1 YR.	6. AGE (IN YE)	ATE OF BIRTH NTH GAY YEA	4 RACE S. D.		SEX
3 7089	DEAD Jon 3		S.	81 YF	11 IZEN OF WHAT CO	WHITE 1	ALE	
JR COUNTY OF DEATH	9. BALTIMORE CITY OF COU	NEVER MARRIED	8. MARRIED TO	COUNTRY?		TATE OR 7b.	RTHPLACE (ST REIGN COUNTRY)	FOR
	MONTGOMERY	DIVORCED	WIDOWED -		u. s. A.		land	
OR INDUST	MOST OF WORKING LIFE	FC	OR OTHER INSTIT	L, NURSING HOME , GIVE STREET ADDRESS)	NAME OF HOSPITAL, I	OF DEATH	TY OR TOWN	B. CII
Dry Clea	rchant	M		ROSS HOS		SPRING	ILVER	
	EET ADDRESS		13d. INSIDE	CITY OR TOWN		13b. COUNTY		30. ST
Mill Rd.#91			SPRING	SILVER	GOMERY		ARYLA	-
LAST	WIDDLE	HER'S MAIDEN NA		Schachter	OLE OLE	MIC	THER'S NAME	
Yekel	GF9 Annaric . I	Faiga					Kalman	
	857 Loxford		0	6. SOCIAL SECURITY 79-44-059		DEVER IN U.S. ARMED	S, NO, OR UNKNO	60. VV
pring, Maryli	. Silver Sprin	Schechte	Care			F DEATH (Enter anly an		
jemy y)	Company ou	TIJ ANC	NAL DISEASE OR CONDIT	ON 1 C O	BUTING TO DEATH BUT NOT	GNIFICANT CONDITIONS CONTR	-	NOI
20. AUTOPSY		DRMED?	ATION WAS PERFO	FOR WHICH OPER	196. CONDITION FO	OPERATION	19a. DATE OF	CERTIFICATION
YES 🗆						Vonz		TIE
PART 1 OR PART 2)	NATURE OF INJURY IN ITEM 18 PART 1 OR	RY OCCURRED (ENT		URY ONTH DAY YEAR 19		AL CAUSE WAS OR NG CAUSE OF DEAT	UNDERLYING	
COUNTY	CITY OR TOWN		211. LOCATION STREET		21e PLACE OF INJU	NOT WHILE AT WORK	21d. INJURY C WHILE AT WORK	MEDICAL
DATE	termined manner .	Inspection			The second	fy that I taak charge af ed fram: Natural co	220 certino death results ACTUAL SIGNATURE	
	OCATION SON Hill, P	S	ADDRESS Genetery	23c. NAME OF CE	ATE 2 5/1981 E	name nti tion,removal 23b. C	(TYPE OR PRII	30.BI

Thr. 3 , 81, 24301 18/14/81 1/101 - E. makes -NEW AND REAL COLORS CONTRACTOR OF AN ART MANAGEMENT AND AN AREA OF A STREET

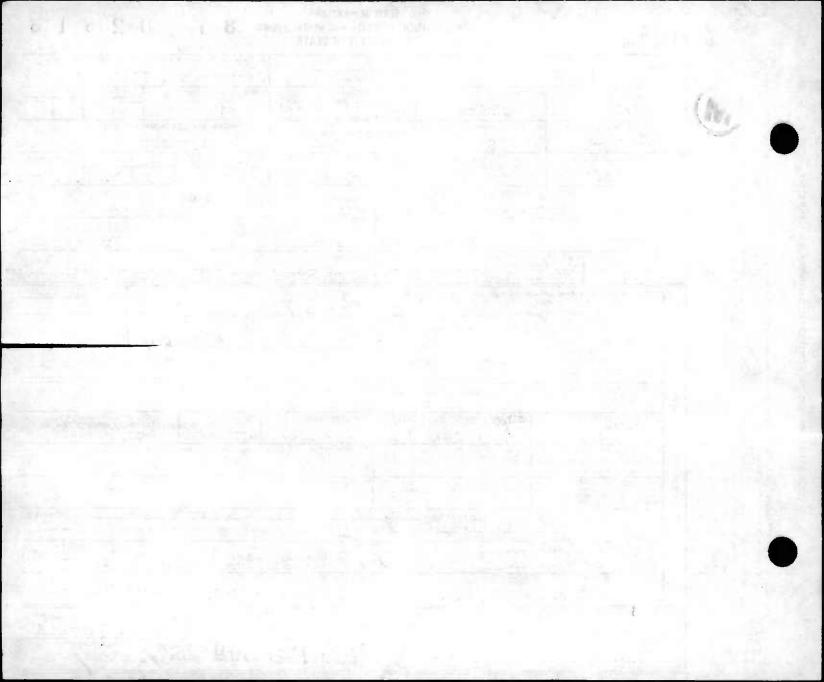
TO HOSPITAL SITATION OF PHYSICIAN: The law requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.

in. Page 4 may be

3	FOR 1 - STATE REGISTRAR		E OF MARYLAND HEALTH AND MENTAL HYG HICATE OF DEATH	IENE 8	0 2	61
B	I DECEASED NAME FIRST (TYPE OR PRINT) SR ROSE	marie Se	hubert	2. DATE OF DEATH M	1 - 7 - 81	26 HOUR
2	3. SEX FEMALE	WHITE OCT	DF BIRTH 23 DAY 1896	4. AGE (IN YEARS LAST BIRTHI	DAY) IF UNDER 1 YEAR MONTHS DAYS YRS.	IF UNDER 24 HR HOURS MIN
rified at	70. BIRTHPLACE ISTATE OR FOREIGN COUNTRY) WASHINGTON, D. C.	U.S.A. WIDOWE	D NEVER MARRIED A	Mon Gome	/ -	T4, A
Solution of the solution of th	SILVER SPRING	11. NAME OF HOSPITAL, NURSING HOME ((IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HOLY CROSS HOSPITA	DR OTHER INSTITUTION	120 USUAL OCCUPATION TEACHER		of Business C IOUS OR
aminen m	MARY LAND NONT GO	NOTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY NATY NATY KENSINGTON		13. STREET ADDRESS 5000 STRA	THMORE AVEN	UE
and 2 sh		JOSEPH SCHUBERT	MARGUERIT	EWIDDLE	MURPHY '^	ST
t, Pages 1	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECURITY NO 224-72-3705	SR. MAUREEN	PATRICE .	SAME AS 13	SUPERI MATE INTERVAL ONSET AND DEATH
it permit. Then please remove carbo rigiene prior to burial, cremation, or 18 shows any injury, or other traum	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT C CONSTRUCT 190 DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT Shombosis Candia 196. CONDITION FOR WHICH OPERATIO	i arnother	INAL DISEASE OR COND 200 AUTOPSY? YES NO	TON GIVEN IN PART IN 200. IF VES, WERE FINDING CAUSES YES 1	NGS USED NO DEATH
the burial-transit is and Mental Hyginarked or Item 18	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	ATH HOUR A.M. MONTH DAY YEAR	214 HOW INJURY OCCURR 211 LOCATION STREET	CITY OR TOWN		STATE
hed for use as Dept. of Health If Item 21 is m	22a I certify that (I) (this haspi	it) view the bady after death.	nd that in (rhy) (aur) apinian of DEGREE	, ta	and haur and fram the	
, a ac	/////////					
should be detach with the State E IMPORTANT: I	22d PHYSICIAN; SNAME (TYPE O STEPHE) 230 BURIAL, CREMATION, REMOVAL	N/JONES	22e ADDRESS	MILL RD., RO		401



		FOR - STATE REGISTRAR		STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	2 5 1 8
		CEASED NAME FIRST OR PRINT) MITTO D. A	MIDDLE T	COUNTERMAND	20 DATE OF DEATH MONTH D	Za. HOOK
81	-	MURRA		SCHWEITZER		981 3:00am
	3 SE	Male	4 RACE White	Dec. 14. 1919	6.1	ONTHS DAYS HOURS MIN
T. Land		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 1	A BALTIMORE CITY OR COUNTY	OF DEATH
101		New York	USA	MARRIED ENVIOLED DIVORCED	Mantage	MD.
in by the fur filed within must be not		Bethesda	(IF NOT IN SUCH FACILITY, GIVE STREE Suburban	Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE CONTRACT & PU	126 KIND OF BUSINESS OR INDUSTRY TCh. U.S.Govt
should be filled in should be filled in saminer mu	13a Ma	STATE 136 COUR	tother institution, Give residence before the control of the contr	WN 134 INSIDE CITY LIMITS?	130 STREET ADDRESS 3911 Minden Re	oad
1 and 2 st		Harry	Schwei	tzer Pauline	S WIDDIE	Kranitz
ages the r	160 \	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN] (IF YES, GN YES WW	MED FORCES? 166 SOCIAL SEC EWAR OR DATES) 120-12-		ADDRESS Pitzer; 3911 Minder	Rd Wheaton.
een signed by the attending physician. Then please remove carbon papers. P or to burial, cremation, or removal. any injury, or other traumatic event.	7	Conditions, iff any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) TRECING DUE TO, OR AS A CONSEQUE (c)	JENCE OF JENCE OF	MOCUN ETTOlogy	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH N IN PART 1(0)
physician. specificate has been is certificate has been is certificate by the properties of term 18 shows any or term 18 shows any	AL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTEY MEDICAL EXAMINER.)	21b. TIME OF INJURY HOUR A.M. MONTH	HOPERATION WAS PERFORMED THOMAS CO TOM 1 DAY YEAR 19	IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH? OC NO RELOR PART 2)
ttending p After this s the buria th and Me marked or	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
AL ON ATTEN he hospital or a NL DIRECTOR: tached for use a tached for use		22a I certify that (X) this hosp saw the deceased alive ar obeye, (I) (we) (did) (did no 221/25(5) ATURE	ty view the bady after death.	DEGREE ATTENDING PHYSICIAN	n death accurred on the date and hour MEDICAL STAFF DIRECTOR PHYSICIAN	,
TO HOSPITA retained by th TO FUNERAL should be deta with the State IMPORTANT		PAUL W.	JOHNSON, M.D.		cive Blvd., Rockvi	lle, Maryland
BP		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	1 00 01	NAME OF CEMETERY OR CREMATOR Judean Memorial Gar	CITY OR TOWN	county State
DHMH-16 25M (VRA 15, 4) 1/79		uneral director name inzansky-Go1dbet	rg Chapels; 1170	Rockville,Md. FF	TERECOLUMEDISTRABULACION	ARSSIGNATURE



YO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the tymeral is should be detached for use as the buriol-transit permit. Then please remove combon property Pages 1 and 2 should be filled within 72 in

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the Should be detached for use as the burral-transit permit. Then please remove cordinarithms with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remained

FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

STATE OF MARYLAND

EASED NAME FIRST					REG. N	0.		
		MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
Flore	ence	F. S	Scott		January	1. 198	1	1:35
	4. RACE		DATE OF BIRTH		6 AGE (IN YEARS LAST BIR	THDAY) IF (NDER I YEAR	IF UNDER 24 HR
emale			erch 3	î 1892	88	YRS.		HOURS MI
THPLACE (STATE OR FOREIGN			ADDIED AN	EVER MARRIED [9 BALTIMORE CITY O	R COUNTY OF	DEATH	
		States	DOWED K	DIVORCED [
ckville	Rockv	LITE NUTS	ing Ho		(TYPE OF WORK FOR MOST C	F WORKING LIFE)	INDUSTRY	me
TATE 136. COUR	NTY	13c CITY OR TOWN	1 13d. INS		13e. STREET ADDRESS 7004 01	d Cabi	n Lar	ı e
THER'S NAME	MIDDLE	LAST	15. MO				1.45	7
Samuel	J. F	isher		Mary	Ann		McM	lllan
		166 SOCIAL SECURITY	NO. 17 INF	ORMANT SO	n ADDRE	SS		
es, no or unknown) { IF yes, Gir	VE WAR OR DATES)	137 54 8	633 Dr	. Lewis	P. Scott	III S	ame a	as 13
18 CAUSE OF DEATH (Enter or	nly one couse per	line for (o), (b), and (c).)				BETWEEN	MATE INTERVAL
underlying couse lost. PART 2. OTHER SIGNIFICANT ((c)_			LATED TO THE TER/	MINAL DISEASE OR CON	DITION GIVEN	IN PART 10	01
190. DATE OF OPERATION	19b. COND	ITION FOR WHICH OPER	RATION WAS I	PERFORMED	20a AUTOPSY?			
					YES NO			OF DEATH?
	ATH HOUR A.	M. MONTH DAY	YEAR	OW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY	21f. LC	CATION	CITY OR TO	WN	COUNTY	STATE
22a I certify that (I) (this hosp	oital) attended th	e deceased from	1-11	19 78			81	that (I) (we) la
sow the deceased alive on above, (I) (we) (did) (did no	11-	7 19 80	ond that is	n (my) (our) opinion	deoth occurred on the de	ote and hour or	nd from the	couses stated
		offer deoth.						
226. SIGNATURE	Williah	0 M O.	DEGREE	ATTENDING	MEDICAL STAI			signed uary 1981
T T T	THPLACE (STATE OR FOREIGN DUTTO IS YOR TOWN OF DEATH CKVILLE RESIDENCE (# NURSING HOME OF 13b, COU TY Land Mont g HER'S NAME FIRST Samuel AS DECEASED EVER IN U.S. AI (IF YES, GI NO 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS) IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), storting the underlying couse lost. PART 2. OTHER SIGNIFICANT 90. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTION CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 210d, INJURY OCCURRED) WHILE NOTIFY MEDICAL EXAMINE AT WORK	THPLACE (STATE OR FOREIGN THE TOP TO THE TO	THPLACE (STATE OR FOREIGN TO LITIZEN OF WHAT COUNTRY? 8. MINITED TO DEATH T	THPLACE (STATE OR FOREIGN DELTED TO BE THE PROPERTY OF WHAT COUNTRY? B. MARRIED NI WIDDLE STATES) YOR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER ROCKVIITE NURSING HOME OR	THPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED MORCED WIDOWED MORCED MOR	THELACE (STATE OF FOREIGN United States MARRIED NEVER MARRIED MONTON MONTON	THE LACE (SLATE ON FOREIGN TO IT IN O IS TATE OF ONE STATE OF STATE OF ONE STATE OF ST	THE LACE (STATE DIFFORM) TO STATE DIFFORM TO STATE OF WHAT COUNTRY? United States WIDOWED NOVER MARRIED NOVER MARRIED NOT WHICH OPERATION NOT WHILE OF WHAT COUNTRY OF DEATH NOT WHILE OF WHAT COUNTRY OF WHICH OPERATION WAS PERFORMED 208 AUTOPSY? 208

DHMH-16 30M 2/80 (VRA 15, 4)

OR ATTENDING PHYSICIAN: The

TO HOSPITAL

retained by the hospital or attending physician.

24. FUNERAL DIRECTOR A. PUMPHREY ROCKVILLE, FUNERAL MARYLAND ROBERT HOMES. P.A.,

JAN 5 1981

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	1-	FOR STATE REGISTRAR		NENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	0 2	2 6	2 0
	(TYPE		Amin Middle	SE	bol	20. DATE OF DEATH	SONTH DAY	81	26. HOUR 425 M
1	3. SE	MALE	CAUCASIAN	5. DATE O		6. AGE (IN YEARS LAST BIRTHI	YRS.	DATS	HOURS MIN.
94		RUSSIA	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED WIDOWE	D DIVORCED	1. BALTIMORE CITY OR	OMER	EATH	MD.
68	S	IVER Spring		ODDRESS)	Hospital	PROCUREM T	OFFICER	KIND OF	GOV T
35	13a. S	AL RESIDENCE (IF JURSING HOME OF STATE MARYLAND 36 MON	OTHER INSTITUTION OVE RESIDENCE BEFORE TGOMERY STUTVER OF	PRING	13d. INSIDE CITY LIMITS?	2113 COLERI	DGE DRI	VE, 2	0901
50	14. FA	JOSEPH -	SEBOL LAST		ESTHER	MIDDLE	LEVIT	Z LAST	
1		VAS DECEASED EVER IN U.S. ARI YES, NONONKNOWN) (IF YES GIVE	MED FORCES? 166 SOCIAL SECU 220-44-5		MILDRED SEBO	L, COLERIDGE			
CARDY, III		PART I. DEATH WAS CAUSE	y ane cause per line for (a). (b), and B BY: E CAUSE (a)	NAK	V EDEUX	-		APPROXIM. BETWEEN ON	HOUNT
and		4100 Canditions, if any, which	DUE TO, OR AS A COMPRECIUE	CFR	DIRL INF	that		70	veas
		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	try	MITTERY	DISENSE		20	YEARS
, kinding, k	NOI		onditions <u>contributing to d</u>	EATH BET	NOT RELATED TO THE TERM	inal disease or condi			
2	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION		YES NO	206. IF YES, WEI IN CERTIFYING YES [CAUSES O	
9		23g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 C	R PART 2)	
Z Kec	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F)	ARM, ETC)	21f. LOCATION STREET	CITY OR TOWN	1,-	YINDO	STATE
SE SI I Z		220.1 certify that (I) (this haspit saw the deceased alive an above, (I) (ve) (did) (did no	ol) attended the deceased from	81_, on	d that in (my) (a-papinian a	death accurred on the date	e and haur and		not (I) (we)clast auses stated
E		27h SIGNATURE	I Golden	191	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA		22c. DATE SI	IGNES
(A		DAVID GOT	COOKBOUL X	th)	1801 GE	BRULL SP	never	MAK	yun
	23a. E	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	236. DATE 236. N		VID MEM. GARDE	23d. LOCATION		on Series	TRGINIA
		UNERAL DIRECTOR NAME ANZANSKY—GOLDBE	. ADDRESS 1	17 R	OCKVILLE MD AT	E REC'D. BY REGISTRAD	Hyl	Cred	,

DHMH- 16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fune should be detached for use as the burial-transit permit. Then please remove confecuations. Pages 1 and 2 should be filled within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or semoval.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 fears after retained by the haspital or attending physician.

FEMILIES TOTAL MYCCHROME ALFANTET 20 VOTES COUNTRY NOTERY BUENCE Belling Consulty was a result of 18/81 CHICAGO MARGONS DAIL COLDENATION - THE CENTER completely lifted in by the 11 and 2 should be filted we

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STATE OF MARYLAND

FOR STATE REGISTRAR		NT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B	0 2 0	2 1
DECEASED NAME FIRST	LOUISE MIDDLE HENRIE	TTA LAST SEEK		ONTH DAY YEAR 26	HOUR 30 p M
Female	Caucasian	S DATE OF BIRTH MONTH DAY YEAR 5 14 1889	6 AGE (IN YEARS LAST BIRTH	DAY IF UNDER LYEAR IF MONTHS DAYS HO	UNDER 24 HRS DURS MIN.
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomery	COUNTY OF DEATH	MD.
CITY OR TOWN OF DEATH	Althea. No od and	HOME OR OTHER INSTITUTION N.H. SilverSpring	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		JSINESS OR ne
LUAL RESIDENCE (IF NURS OF HOME 1. STATE 136 CO MO. FATHER'S NAME	or other institution, give residence before a UNITY 13c CITY OR TOWN Gaithers	13d INSIDERITY LIMITS?	13e STREET ADDRESS	loodfield k	2.
Charles	MIDDLE LAST TESK	Pouis	e MIDDLE	Clabo	endy
(YES, NO OPUNKNOWN) (IF YES, C	ARMED FORCES? GIVE WAR OR DATES) 16b SOCIAL SECUR 217-36-5	TYNO. 17 INFORMANT FOR Edith Seek	8302	Roancke To	akonaf
Conditions, if ony, which gove rise to immediate cause iol, stating the underlying cause last. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUEN 10) T CONDITIONS CONTRIBUTING TO DE	***************************************			
190 DATE OF OPERATION	DRENCH 1775	PERATION WAS PERFORMED	10s. AUTOPSY7	TOL IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES	
THE ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF I IF EITHER, NOTIFY MEDICALEXAMIN			RRED JEWIER NATURE OF HUURI	INLITERS SE, PART I OR PART I)	
AT WORK AT WORK	ZI& PLACE OF INJURY LATHONE, STREET, MACTORY, OFFICE, FAM	M. ETC.) THE LOCATION	con on town	COUNTI	57.478
77s. I certify that (1) (this had sow the decased africe above, (1) well (did) (did) (276. SIGN) OURE	portal) armided the deceased from 19 1 19 1 19 1 19 1 19 1 19 1 19 1 19	DEGREE ATTENDING	MEDICAL STAF	22c. DATE SIG	and the second
22d. PHYSICIAN'S NAME (TYP)	EORPRINT) A. FITZGERALD	22e ADDRESS 217 UNIVERSI	TY BLUDE, -	SILVER SPRING	md

should be detached for use as the burial-transit permit. Then please remove corbanpapes with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal IMPORTANT: If Item 21 is morked ar Item 18 shaws any 17729ERALD CREMATION, REMOVAL Burial 23a BURIAL, (SPECIFY) Jan. 12, 1981

Barber

24 FUNERAL DIRECTOR Frame is H.

736 NAME OF CEMETERY OF CREMATORY George Washington

20760

Laytonsviele, Md.

Adelphi Prince George

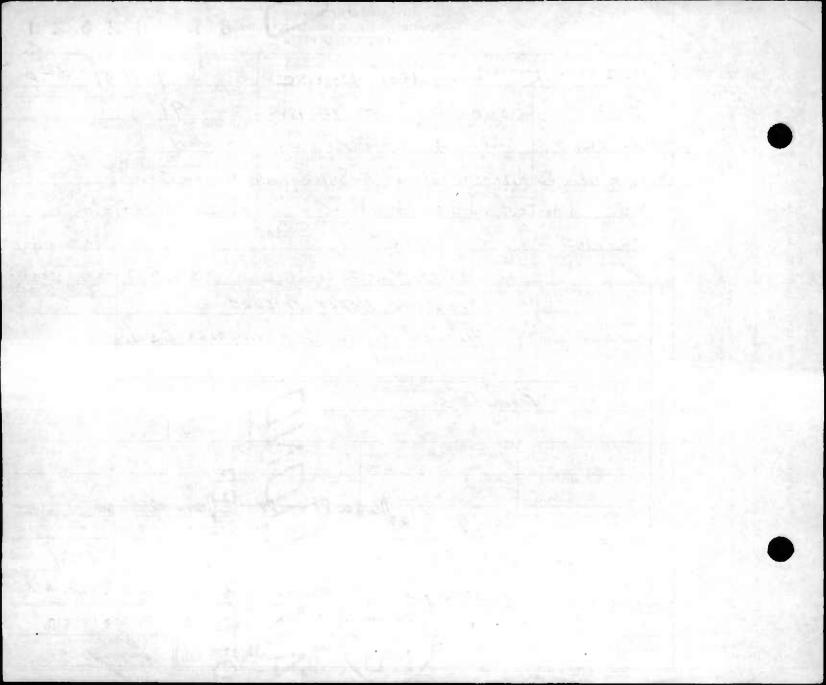
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

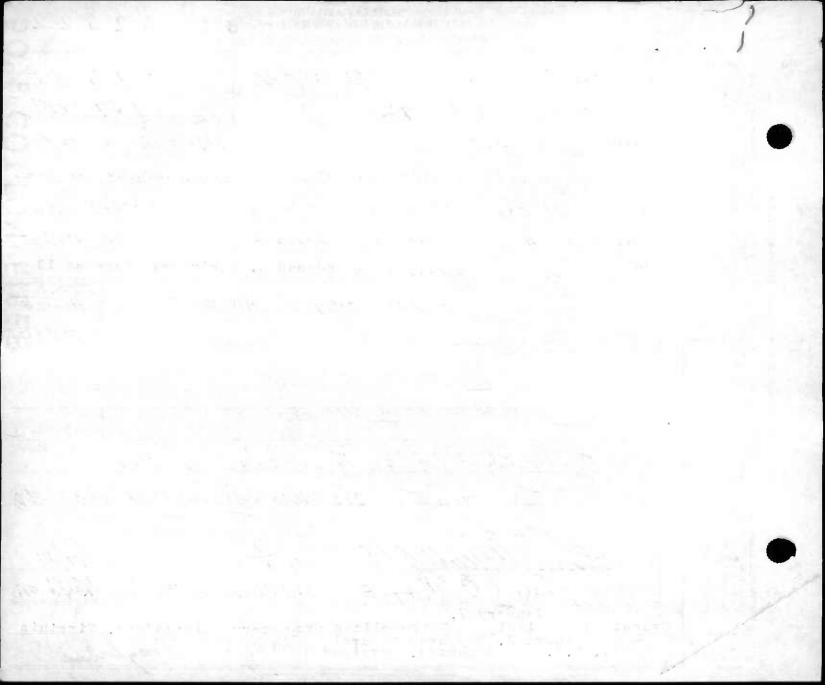
DHMH - 16 60M 1/75 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate hos been

OR ATTENDING PHYSICIAN: The

retained by the haspital or attending physicion





	1-	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		REG. NO.	2 6	2 3
(M)	(TYPE	SARAH	2	MIDDLE	SH4	ERR	2a DATE OF D	1-2	3-81	26. HOUR 10
oge 4 "rector,	3. SEX	Female		Shite	5. DATE C			RS LAST BIRTHDAY) 7 7 YRS.	IF UNDER I YEAR	HOURS MIN.
death. Puneral d		SHINGTON, D. C.	4	F WHAT COUNTRY?	WIDOWE		Mont	GOMERY	Coun	ty MD
by the filled with	511	ver Spring	(IF AIGH IN SI	CH FACILITY GIVE STREET	S H	OS pital	170. USUAL OF SECRE	OR MOST OF WORKING LI		
in 24 hou filled in hould be	13a. S			13c. CITY OR TOW Solver JOR	'N	13d. INSIDE CITY LIMITS? YES X NO	13e STREET AL	opress Hear	Silver Sigh	#516 Lucy
ampletely and 2 s		THER'S NAME ENRY	WIDDLE	SHERR		15. MOTHER'S MAIDEN NA JENNIE		WIDDLE	RT	VESS
n and co		/AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? (E WAR OR DATES)	577-60-0		MRS. DOROTHY	SHERR	2445 LYT	TONSVIL	LE ROAD,
physicio physicio inpapers imaval.		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA	nly one couse p D BY: TE CAUSE (o)	er line for (a), (b), and	dia.	ARROST		SILVER S	PRINCYEEN	MARY LANG
hat the death cer by the attending ass remove corbo I, cremation, ar re other traumatic		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO,	OR AS A CONSEQUE	tic (Excenoma of	Biliany	truct	67	Mon His
law requires to some signed ermit. Then ple e priar to buris.	NO	PART 2. OTHER SIGNIFICANT (CONDITIONS	NOWE	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	OR CONDITION GIV	EN IN PART 1) 1
The law reign. b hos beer the permit. jiene prior haws ony	CERTIFICATION	190 DATE OF OPERATION P/15/60	CARL	- 0	Bilian	truct		NO X IN CERTI	S, WERE FINDING CAUSES	
ING PHYSICIAN: c aftending physic Mer this certificate as the burial-trans th and Mental Hyg arked or Item 18 s)		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	ATH HOUR	OF INJURY A.M. MONTH DA P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATU	RE OF INJURY IN ITEM 18	PART I OR PART 2)	HUN
uG PHYSK attending fter this cer is the buric h and Men	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLAC (AT HOME, S	E OF INJURY STREET, FACTORY, OFFICE, F		21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
ATTENDIN Ispital or CTOR: Ai J for use of Healt		22a I certify that (I) (this hasp sow the deceased alive an above (T)(we) (did) (and no				nd that in (m) (our) opinion	, todeath occurred	on the date and hou	r and from the	
TAL OR by the hor RAL DIRE detached to Dept to True True True True True True True True		226. SIGNATURE Tuax	9./	There	m	PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	22c. DATE	SIGNED 8/f/
TO HOSPITA retained by 1 TO FUNERA TO Stould be dea with the Stot		22d. PHYSICIAN'S NAME (TYPE O		ERMD		220 ADDRESS 200 Persten	& Stive	Silver-	PRung,	, Med 2091
6 BP 1	t	urial, cremation, removal specify) BURTAL	1/26/	11981 DHE	V SHO	REGAPIONMATORY LOM TALMUD TO	RAH WA	SHINGTON,		STATE
DHMH-16 30M 2/80 (VRA 15, 4)	24 Fi	INERAL DIRECTOR DONALO NAME 2 Carroll Street		ADDRESS		rial F.H. 250. DAI	SHAN A G	GISTON 256. RECOS	NASS SAME	OREMON



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requires that the

		FOR STATE REGISTRAR		CERTIF	IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		6
		CEASED NAME FIRST	MIDDLE	100	LAST	20 DATE OF DEATH	MONTH DAY	YEAR 2h H
		AGNES	-000000	SHIE		JAN	4.198	8 3:
1	3. SE		4 RACE	5 DATE C	H DAY YEAR	6. AGE (IN YEARS LAST BIRTI	MONTHS	DAYS HOU
) [female	white	July	14 1901	79	YRS.	
36	M	IRTHPLACE ISTATE OR FOREIGN COUNTRY) Aryland	USA	MARRIE WIDOWE	D NEVER MARRIED DIORCED DI	Montgon		EATH
20		lver Spring	11. NAME OF HOSPITAL, NURSI INF NOT IN SUCH FACILITY, GIVE STREE Chevy Chase Con	ET ADDRESS)		120 USUAL OCCUPATE TYPE OF WORK FOR MOST OF HOMEMaker		. KIND OF BUS DUSTRY
27	USU 13e	AL RESIDENCE # NURSING HOME C	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION)		130 STREET ADDRESS 7211 Lent	ant Driv	ve. 200
	_	ATHER'S NAME		mus E	15 MOTHER'S MAIDEN NA	ME	wa vill	200
51		John	B. Lucket	t	Carolino	WIDDIE	Clow	nents
1		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC		17 INFORMANT Broti	hon ADDRE		ierus
1	No		215-36-4	4859	John L. Lucke		une as 13	3
			inly one cause per line for (a), (b), a		porter by backet	1	ane as 15	APPROXIMATE BETWEEN ONSET
		Canditians, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEOU		, <u>,</u>	Demonto	~	
	NOI	gave rise to immediate cause (a), stating the underlying cause last)	LVEC OF	- Secia.	Dem en to	DITION GIVEN IN	PART I(a)
9	TIFICATION	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	DEATH BUT	- Scalica		DITION GIVEN IN 200. IF YES, WERIN CERTIFYING (YES 201. TERMINE THE TERMIN	E FINDINGS (
9	CAL CERTIFICATION	gave rise ta immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF THE CONDITIONS CONTRIBUTING TO	DEATH BUT	- Scalica	200 AUTOPSY? YES NO	200. IF YES, WERI IN CERTIFYING (YES [E FINDINGS L CAUSES OF D
9	MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT 196 DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OF	DUE TO, OR AS A CONSEQUENCE OF THE CONDITIONS CONTRIBUTING TO	D DEATH BUT H OPERATIO	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YES, WERI IN CERTIFYING (YES	E FINDINGS L CAUSES OF D
99		gave rise to immediate cause (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT 196 DATE OF OPERATION 216, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d, INJURY OCCURRED WHILE AT WORK AT WORK 220-1 certify that (Intitis has) saw the deceased glive a	DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF	DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM IN WAS PERFORMED 21c. HOW INJURY OCCURS	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR	200. IF YES, WERING OF YES YES YES TO THE YEAR OF YEAR OF YES TO THE YEAR OF YES TO THE YEAR OF YES TO THE YEAR OF YEAR OF YES TO THE YEAR OF YEAR OF YES TO THE YEAR OF YES TO THE YEAR OF YES TO THE YEAR OF YEAR OF YES TO THE YEAR OF YES TO THE YEAR OF YES TO THE YEAR OF YEAR OF YES TO THE YEAR OF YES TO THE YEAR OF YE	E FINDINGS L CAUSES OF D NC (PART 2)
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DHMH-16 25M (VRA 15, 4) 1/79

500 University Blvd., W.

THE REPORT DANSERS STREET FOR I or that is yout again to the has a transferred to the transfe Court Section Cherry Charte Countries Comerce Commercial layered Montenmore Chevy Place - 7211 Louinnet Doing 20015 John P. Larbeit Carolina Closuria El da sera h friedri L selet o'cone da 13 The same well with the same of the same entidad to a gift indicated the site of the site. - which we Direct - sile if he 1420 11 11 on a 1901 Couley Hart Company of the Couley Total and the Country of the country 300 Milyonaltha Floris W. Sillion Rowing William

12		1-	FOR STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	0 2 6 2 5
w M.c			CEASED NAME FRST	MIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR 25. HOUR
ay b	77	2 651	ROSE	4 RACE	SHNID		JANUARY 31, 1 6. AGE (IN YEARS LAST BIRTHORY)	981 2:30 AM
age 4 m		3 SE)	FEMALE	CAUCASIAN	MAY		82 YRS	MONTHS GAYS HOURS MIN
death. B	illed il		RTHPLACE (STATE OR FOREIGN BUNTRY)	U.S.A.	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	MONTGOMERY CO	
ours after by the fu	200		LVER SPRING	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE 1135 UNIVERSIT	T ADDRESS)	EVARD. WEST	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING MERCHANT	12b. KIND OF BUSINESS OR
24 ho ed in be fil	hiner mu	MA	L RESIDENCE (IF NURSING HOME C TATE RYLAND 13b COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)	13d. INSIDE CITY LIMITS?	13R STREET ADDRESS 1135 UNIVERSIT	Y BOULEVARD. WES
executed within d completely fill is 1 and 2 should	exa 6xa		THER'S NAME /ISROEL	BRONST I	EN	15. MOTHER'S MAIDEN NA/	ME	INASCERTAINABLE)
be age	event, the me	160 V	(AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (# YES, GI	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 579-38-		BENJAMIN SHN	IDER, same as #	13
is taw requires that the death certificate been signed by the attending physiciar t. Then please remove carbon papers. orior to burial, cremation, or removal.	vs any injury, or other traumatic e	ATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) HYPE DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	DEATH BUT	IE CARDIO VAS		
CLAN: The ician. tificate has lansit permit	Item 18 show	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	DAY YEAR		IN CER	TIFYING CAUSES OF DEATH?
ATTENDING PHYSICIAN ital or attending physician. Cartons: After this certificat COR: After this destributian it or use as the burial-transit or the and Mental Hygis of Health and Mental Hygis	marked or Ite	MEDICAL	OR CONTRIBUTING CAUSE OF DI (# EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	AIR .	19	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ne hosp L DIRI	T: If Item 21 is		270.1 certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (did n 22b SIGNATURE)	A WHELWEY	77.01	DEGREE ATTENDING 44	nedical STAFF	aur and from the causes stated 22c. DATE SIGNED 198 JANUARY 31
TO HOSPITA retained by th TO FUNERA should be det with the State	IMPORTAN	22- 0	224. PHYSICIAN'S NAME (TYPE SAUL ZUCKERM	AN, M.D.	NAME OF		ICUT AVENUE, N. 1	D.C. W., WASHINGTON,
20BP	_	9	urial, cremation, remova SUKTAL	2/1/1981 N	ALLONA	LEMETERY OF CREMATORY BEB	REW CITY OR TOWN WASHINGTON	COUNTY STATE
DHMH-16 (VRA 15, 4)		24. 1	CARROLL ST	N HEBREW MEMORIA REET, N. W., WASH	L FUNE HINGTO	RAL HOME "TE	BA SOLEGISTRAR 256 REG	PIKAKSSIGNAJURE

C S' La Bank of with the control material STREET TO THE STREET SHIPE WELLS FOR STREET

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the haspital ar attending physician.

executed within 24 hours ofte

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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O	i	0	da	0	En	C

13	1. DECEASED NAME FIRST (TYPE OR PRINT) WILLIE WILLIE 3. SEX	1,011	SICHERT	20. DATE OF DEATH MONTH DA	YEAR 26. HOUR
13	3. SEX	0001		1 2	8 81 1-
X	female	white	S. DATE OF BIRTH MONTH DAY 1905		FUNDER 1 YEAR IF UNDER 24 H DNTHS DAYS HOURS M
[]	7a BIRTHPLACE (STATE OR FOREIGN COUNTRY) VIRGINIA	76. CITIZEN OF WHAT COUNTRY U.S.A.	WIDOWED DIVORCED	Montgomery	
and	SILVER SPRING	Holy Cross H		120 USUAL OCCUPATION ATTYPE OF WORK FOR MOST OF WORKING LIFE) TINE MO. LABOR	126. KIND OF BUSINESS INDUSTRY BAKERY
Pu	MARYLAND NON	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO UNITY 13c. CITY OR TO TGOMERY \$1LVER S	PRING YES XX NO	4001 SAMPSON	ROAD
8	14 FATHER'S NAME FIRST WILLIAM	C. TANNEHI	The state of the s	MIDDLE	JACOBS
34	16a WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	24-8325 JOSEPH ST		13 HUSBAN
cha	PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	betes Hel	DEATH BUT NOT RELATED TO THE TER H OPERATION WAS PERFORME	Chillenian 206. IF YES,	N IN PART 1(a) WERE FINDINGS USED ING CAUSES OF DEATH?
or Item 18 shaw	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFETHER NOTIFY MEDICAL EXAM	DEATH HOUR A.M. MONTH NER) P.M. 21e. PLACE OF INJURY	DAY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	
em 21 is marked	22a. I certify that (1) this ha	spital) attended the deceased fram	JUNE 1976	n death accurred an the date and hour o	9, that (1) we)
IMPORTANT: If II	22d. PHYSICIAN'S NAME TO ALAN I.	LELMATER KERMATER AL 1236. DATE 1236	ATTENDING PHYSICIAN		
₹	23a. BURIAL, CREMATION, REMOV (SPECIFY)			CITY OR TOWN	VIRGINIA

DHMH-16 30M 2/80 (VRA 15, 4)

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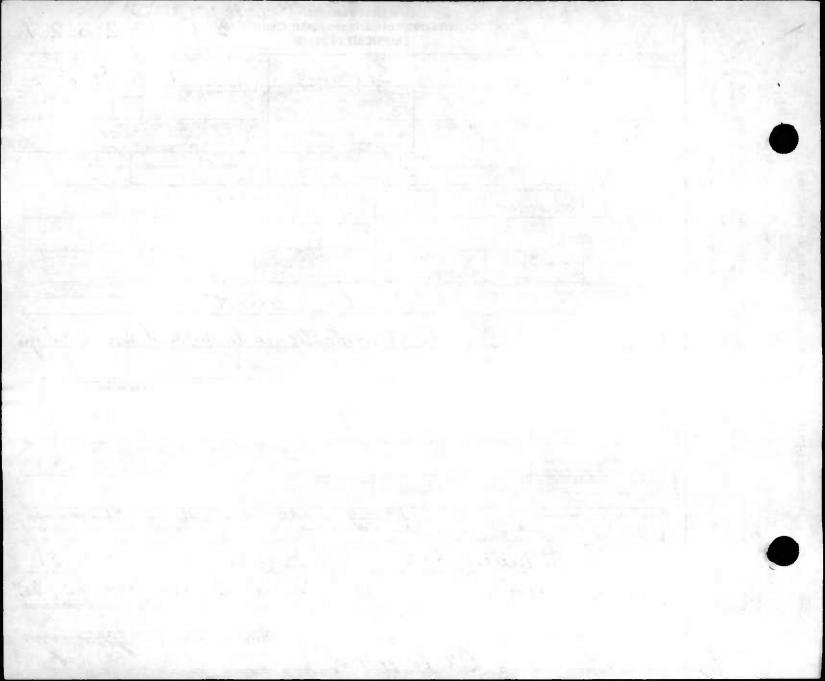
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FRANTE MERHELLER NO YEAR OF SELECTION STEET EL MODINO

-/-	1			STATE OF MARYLAN	ID			
/	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MI CERTIFICATE OF DE		REG. NO.	2 6	2
3		CEASED NAME PIRST Nata	lia	Silin	20 DATE OF	F DEATH MONTH	11 81 6	HOUR 25
ia Juca	3 SE	Female	White	S DATE OF BIRTH MONTH DAY 3 10	1885 G	EARS LAST BIRTHDAY) 9.5 YRS.	MONTHS DAYS HO	OURS /
1	1 0	RTHPLACE (STATE OR FOREIGN OUNTRY).	Latvia	MARRIED NEVER MA	ARRIED BALTIMO	MON tgo		
90	1 .	ity or town of death	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Sligo Garden		(TYPE OF WOR	OCCUPATION K FOR MOST OF WORKING LIFE SEWIFE	12h KIND OF BI	
16	13a	STATE 136 CO	or other institution, give residence serounty 13c. CITY OR TOVE TR. Pa	VN 1134, INSIDE CITY	LIMITS? 130 STREET			Δ
16	14 F	ATHER'S NAME (unknown)) MIDDLE Vana	IS MOTHER'S A FIR	MAIDEN NAME	MIDDLE	ust — (unkn	Own
, the me	16a \			URITY NO 17 INFORMAN	(son)	same as	(-w1
ic event		PART I. DEATH WAS CAUS			anes	A	APPROXIMAT BETWEEN ONS	ET AND D
y, or other trauma		Conditions, if any, which gove rise to immediate cause 10, stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE CONSEQ	rtenorder	tic condio	-vasula le	Beare ser	real
any injur	NO	PART 2 OTHER SIGNIFICANT	conditions contributing to	DEATH BUT NOT RELATED TO	O THE TERMINAL DISEAS	E OR CONDITION GIV	EN IN PART 1(a	
8 shows 8	CERTIFICATION	19a DATE OF OPERATION	198 CONDITION FOR WHICH	OPERATION WAS PERFORM	YES T	IN CERTIF	S, WERE FINDINGS FYING CAUSES OF ES	
or Item 1		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF EITHER, NOTIFY MEDICAL EXAMINE	BEATH HOUR A.M. MONTH		JRY OCCURRED (ENTER NA	TURE OF INJURY IN ITEM 18, P	PART (OR PART 2)	
marked	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET		CITY OR TOWN	COUNTY	ŞTAT
tern 21 is		saw the deceased alive (above, (1) (we) (did) (did)	pital) attended the deceased fram, on		19 <u>80</u> , to	d an the date and have	ur and from the cau	
I : L		22b. SIGNATURE CIL	Thay he	PH	TENDING MEDICAL	STAFF PHYSICIAN	1-11-	-8
MPORTANT		E/NO	MAGI	11/20	New Haups	lin are.	Silver gn	4
2		BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CR OCK Creek C	CITY O	shington,	COUNTY C.	STATE
25M 1/79		WHAPHER E. I	Pumphrey, R.S.S. Md 2014	Eulan		EGISTRAR 25b. REGIST		1
	04	J4 Ga. AVE.	, 5,5, MW, WY	x 11 wol		F-43(Q) (9/C)	Participation of Society	



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

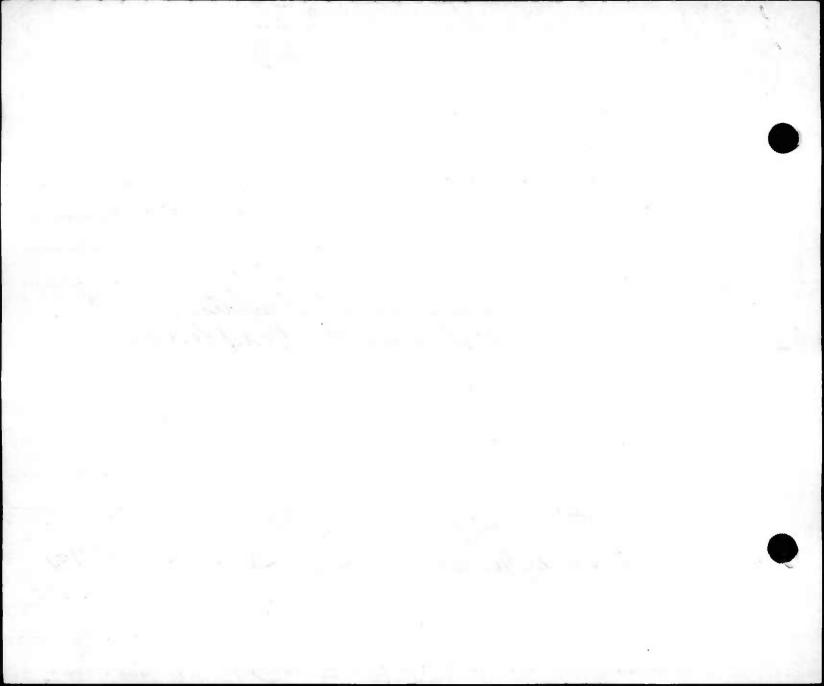
CERTIFICATE OF DEATH

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FOR

- STATE

REGISTRAR



		FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	2629
deoth	(TYPE	CEASED NAME FIRST ORPRINT) BRACKS		mith SR.	1-0	17-81 2b. HOUR 915p
	3 SE	MALE	YRACE WHITE	5. DATE OF BIRTH MONTH DAY YEAR JUNE 21, 1902	6. AGE (IN YEARS LAST BIRTHDAY) 78 YRS.	FUNDER) YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN
	W	ASHINGTON D. C	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomere	CounTy ,
South S		TLVER SPRING	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE HOLY CROSS HO.		128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	
should be	13a. S MA	AL RESIDENCE (IF NURSING HOME OR ITATE 136 COUN MONTGO) THER'S NAME	OTHER INSTITUTION, GIVE RESIDENCE BEFORE 136. CITY OR TOV	RE ADMISSION)	136. STREET ADDRESS 1809 SHERWOOD	
150			SMITH MED FORCES? 16B, SOCIAL SEC	SALLIE	MIDDLE E. ADDRESS	BRADLEY
1 Poge			WAR OR DATES)		ITH SAME AS 13	WIFE APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
n pleose remove corboe burial, cremation, or re- iry, or other traumotic e-		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF A C	ESTING HOMET FAIL	MINAL DISEASE OR CONDITION GIV	IMMEDIATES
prior to k	ATION	19a. DATE OF OPERATION	11th CONDITION FOR WHICH	O HOPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED
الرة وا	CERTIFICATION				YES NO NO YE	S CAUSES OF DEATH?
ltem 18 sh	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18, P	PART 1 OR PART 2)
h ond M	MED	21d. INJURY OCCURRED WHILE ON WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.		CITY OR TOWN	COUNTY STATE
of Healt		220.1 certify that (I) (this haspit saw the deceased alive an above, (I) (ve) (did) (did not	al) attended the deceosed from. 1 - 2 7 19 1 view the body ofter death.		death occurred on the date and hou	19, that (I) (we) lor and from the causes stated
Stote Dept	0	Haml	To Byle	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1.37.8
should be de with the Stot		DANIEL BO	YLE 0	22e. ADDRESS CHEVY CHASE		
	(BURIAL CREMATION, REMOVAL BURIAL		ATE OF HEAVEN	SILVER SPRING	COUNMONT STATM
OM 2/80			IS J. COLLINS	FF.	B 3 1981	RAR'S SIGNATURE



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requires that the deoth certificate be

OR ATTENDING PHYSICIAN: The law ottending physicion

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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11	- STATE REGISTRAR		CERTI	FICATE OF DEATH	REG. NO.	
		FIRST Charlie	G. Sy	nith	20 DATE OF DEATH MONTH	1. 19 81 26 HOUR 1 10 AM
3 SE	14	1. RACE Call	S. DATE Mar	of Birth . 4 ^{DAY} 1895		MONTHS DAYS HOURS MIN.
N.	IRTHPLACE (STATE OR FORE) Cuntry) Carolina	US.	A widow		MONTGOM	CRU, MD.
0	ITY OR TOWN OF DEATH	Brook	HOSPITAL, NURSING HOME H FACILITY OVE STREET ADDRESS)	U.H.	120. USUAL OCCUPATION (TYPE OF WORK, FOR MOST OF WORK) Retired	Viza kind of Business or Industry U.S. Govt.
∕lå:	ryland M	lontgomery	GIVE RESULENCE BEFORE ADMISSION SILL Sprin	138 INSIDE CITY LIMITS? YES NO D	3726 Ralph R	load,
14. F.	Robert	MIDDLE .	Smith	Mintor	ia MIDDLE	Richardson
160 У	WAS DECEASED EVER IN YES, NO OR UNKNOWN) (II	U.S. ARMED FORCES? FYES, CIVE WAS OR DATES)	16b SOCIAL SECURITY NO. 223-20-3820		Smith-(same	e as 13e) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NOIL	Conditions, if ony, we gave rise to immediately course to its stating underlying cause PART 2. OTHER SIGNIF	DUE TO, O which digte the DUE TO, O CANTON OF TO THE TORONTO OF TO THE TO	R AS A CONSEQUENCE OF DITRIBUTING TO DEATH BU AIR Ways	T NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION (2) Embolic	and the second second
MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL E 21d INJURY OCCURRED	LYING 21b. TIME C HOUR A. XAMINER) P. 21e PLACE	M. MONTH DAY YEAR M. 19	21c. HOW INJURY OCCUR		ERTIFYING CAUSES OF DEATH? YES NO NO
~	saw the deceased above, (1) (we) (did 22b. SIGNATURE	nis haspital) ottended th	ofter death.	DEGREE ATTENDING	death accurred on the date and	d haur and from the couses stated 22c. DATE SIGNED
	22d. PHYSICIAN'S NAM	E (TYPE OR PRINT)		22e. ADDRESS	20 Frederick	

retoined by the haspitol or TO HOSPITAL BP

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in the the should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be then with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or ather troumotic event, the medical

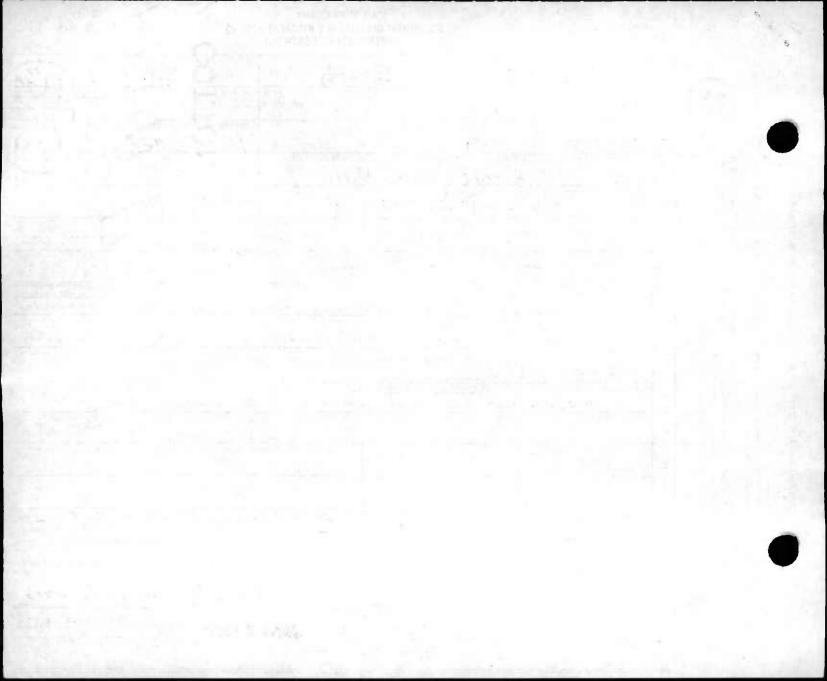
With the State Supplement of the Shows any in MPORTANT: If them 21 is morked or Item 18 shows any in the state of the stat

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation 23b. DATE 23c. NAME OF CANENT OR CREMATORY

Metropolitan

XXXX CVriginia

1-20-1981 rey, Inc. Pumphrey, Ave., S.S. Md. 8434 Ga Ave.,



Takoma Funeral Home.

254 Carroll St. N. W.

2Sb. REGISTRAR'S SIGNATURE

VR A15 (4) 30M REV. 1/68

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100	3. SEX		4 RACE		5 DATE C	F BIRTH	& AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 H
0 f 8	1	Tamala	1116:	4	MONTH				ONTHS DAYS	HOURS MI
11 One		ergale	WIII	TC	Jul	7-8-04	76	YRS		
98 E C		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY	DR COUNTY	OF DEATH	
FE 2		New York	43	SA	WIDOWE		Mor	1+90m	eru C	0.
thin thin	10. CI	TY OR TOWN OF DEATH				R OTHER INSTITUTION	12ª USUAL OCCUPAT	TION/	126. KIND O	OF BUSINESS
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riled filled	USIL	AL RESIDENCE IN NURSING HOME O	Supe	croan 17	050.		Homemak	er	own	home
be the	13n S	TATE 13b COU	NTY	13c. CITY OR TOW		134. INSIDE CITY LIMITS?	13. STREET ADDRESS			
EB EDD	Ma	ryland Montg	gomery	Silver S	Sprin	ges 🗑 NO 🗍	10110 Ne	w Ham	pshire	Ave.
sho	14. FA	THER'S NAME				15. MOTHER'S MAIDEN NA				
3 7 AA	1.7 4	lliam Fr	an k	Smith		Fanny	Gertr	u d o	LAS	
8 2		AS DECEASED EVER IN U.S. AI		III SOCIAL SECU		Fanny 17 INFORMANT			Meren	e38
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mo ic e		PART I. DEATH WAS CAUS	ED BY:			y throw	bosis			
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to b	Z	PART 2 OTHER SIGNIFICANT	A & S &	A Property			F	1. CI	DL	/
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ows ows	CERTIFICATION	190 DATE OF OPERATION	196. COND	TION FOR WHICH	PERATIO	N WAS PERFORMED	200 AUTOPSY?		, WERE FINDIN	
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HA HA	Ü	210 ACCIDENT WAS UNDERLYING			WEAR	21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJ	URY IN ITEM 18, PA	ART 1 OR PART 2)	
Item Item	4	OR CONTRIBUTING CAUSE OF DE				_	-			
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kec	NE I	WHILE NOT WHILE		REET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET	CITY OR TO)WN	COUNTY	STATE
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leal is		22a I certify that (I) (this hosp	ital) attended th	e deceased from_	NO	19 81) to UAN		19 8 /	that (I) (we) I
of Fig.		sow the deceased alive or	VAM	19	S.L. or	d that in (my) (our) opinion	death occurred on the	date and hour	ond from the	couses stated
d fo d fo pt. o lten		obove, (I) (we) (did) (did no 27b. SIGNATURE	ot) view the body	alter death.		DEGREE	/		22c DATE	SIGNED
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leta tate NT:		15 cland	tu	Werst	w	PHYSICIAN A	MEDICAL ST	CIAN	12/	-5-
e S		274 PHYSICIAN'S NAME ITYPE	OR PRINT)	1 mg) ,	27e ADDRESS		11	0 20	214
O FUNERAL nould be detace inth the State MPORTANT:		ROLAND	1-1	MADE	Pini	14977	BATTER	4 (n	A A	0+600
Sho with	72. 0	URIAL, CREMATION, REMOVAL	Tan Date 7	133	LAME OF C	EMETERY OR CREW (TOTAL)	234 LOCATION	1 17	11 = 1)	· Ine
	136 F	URIAL, CREMATION, REMOVAL	L TZSB. DATE	an Juston	AWE OF C	EMETERY OR CREMATORY	ME LOCATION			*****

STATE

REGISTRAR

ON GIVEN IN PART 1(0) I. IF YES, WERE FINDINGS USED LEETIFYING CAUSES OF DEATH? YES [NO [ITEM 18, PART 1 OR PART 2) COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 22a I certify that (I) (this hospital) attended the deceased fi AM sow the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING 22e ADDRESS 774. PHYSICIAN'S NAME ITYPE OR PRINT) 236. DATE Jan 23c. NAME OF CEMETERY OR CREMATORY 23e BURIAL, CREMATION, REMOVAL 23d LOCATION (SPECIFY) CITY OR TOWN COUNTY 1981 Metropolitan Alexandria Virginia Cremation Crematory 24 FUNERAL DIRECTOR 75R DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE A. Pumphasey Funeral Robert Bethesda. Marvland P. A. Homes

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

PEG NO

IF UNDER 24 HR

MIN

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DHMH-16 25M (VRA 15, 4) 1/79 .eva sylkhedian velocities try and controlled promoters of ATTEMPT TO THE STATE OF THE STA

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physicion and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter retained by the hospital or attending physician.

1	1.	FOR STATE REGISTRAR			DEPART	MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH		0	2 6	3 3
2	(TYPE	CEASED NAME E OR PRINT) Sister	FIRST	-	MIDDLE	Sim	with asc	2a DATE OF DEAT	MONTH D	AY YEAR 3 1921	3:00 A
1	3. SE			4. RACE		5 DATE	OF BIRTH	6. AGE (IN YEARS LAS		IF UNDER 1 YEAR	IF UNDER 24 HRS
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97		IRTHPLACE (STATE OR COUNTRY)	FOREIGN	16. CHIZEN OF	WHAT COUNTRY?	MARRIE	ED NEVER MARRIED	9. BALTIMORE CIT		OF DEATH	MD
		ITY OR TOWN OF DEA	ATH	11. NAME OF		IG HOME	OR OTHER INSTITUTION	12a. USUAL OCCUP	ATION	12b. KIND C	MD OF BUSINESS OR
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-		ATHER'S NAME FIRST		MIDDLE	ŧ AST		15. MOTHER'S MAIDEN NA	ME		LAS	
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2	CERTIFICATION	PART 2. OTHER SIGNAL PROPERTY OF OPERA	which nediate g the last.	ONDITIONS COND	ITION FOR WHICH	ENCE OF DEATH BUT	rhosis NOT RELATED TO THE TERM 105 CLE TOTIC NOW WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	A Y	NGS USED
9	MEDICAL CE	216. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER NOTIFY MEDI 216. INJURY OCCUR	CAUSE OF DEA		M. MONTH D M.	AY YEAR	216. HOW INJURY OCCURI	RED (ENTER NATURE OF	NJURY IN ITEM 18, PA	RT OR PART 2)	
	ME	WHILE NOT WE AT WO	ILE 🗍	(AT HOME, ST	REET, FACTORY OFFICE,	FARM, ETC.)	STREET	CITY C	RTOWN	COUNTY	STATE
		220. I certify that (1) saw the deceas above (1) (we) (1) (we) (1) ATURE	(this hospited alive on, the hospited alive on, the hospited (did not	view the body	after death.	<u>al</u> , o	nd that in (my) (aur) opinion DEGREE ATTENDING PHYSICIAN [22e. ADDRESS		TAFF		
	23a. E	BURIAL, CREMATION,	REMOVAL	23b. DATE		NAME OF C	CEMETERY OR CREMATORY	23d LOCATION	170114	ville /	IG · MUV
,		Burial Burial UNERAL DIRECTOR	hanci	Jan. 6.	1981 Mt	. Oli	vet Cemetery	the blank and the first bearing and	ton D	C.	STATE
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Silver Spring

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requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or ottending physician.

DHMH-16 30M 2/80 (VRA 15, 4)

	REGISTRAR				CATE OF DEA		REG.				
No. of Street, or other Persons	1. DECEASED NAME	JACOB	H •	SNT	DER	20 D	ATE OF DEATH	MONTH	DAY 16	YEAR 8	26. HOUR
	3. SEX	1. RAC		5. DATE OF		YEAR	E (IN YEARS LAST I	BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER 24 HRS HOURS MIN.
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E/S	130. STATE Maryland	Montgo	13c. CITY OR	ville			TREET ADDRESS	h Cou	urt		
51	14. FATHER'S NAME Ralp			ler, Sr	-	he1	WIDDLE		Hat	make	er
medico	Yes	DEVER IN U.S. ARMED FO		SECURITY NO. -6-0843	Jean E	. Snid	er		e as	13	
ŧ	11.11	0	LIE TO OR AS A CONS	FOURNCE OF						121	
njury, or other traumoti	gove rise to couse (a), underlying	if any, which to immediate	UE TO, OR AS A CONS (b)	EQUENCE OF	Sto Con	THE TERMINAL I	de d DISEASE OR CO	Suai NDITION G	Q SIVEN IN I	18h	ous.
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STATE OF MARYLAND

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed within a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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IMPORTANT: If them 21 is marked or Item 18 shows any

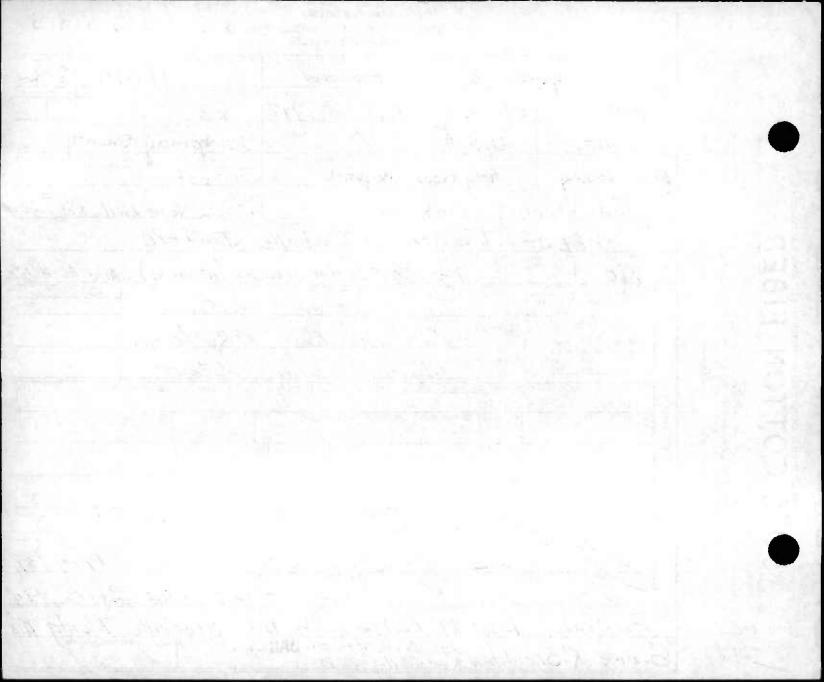
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STATE OF MARYLAND

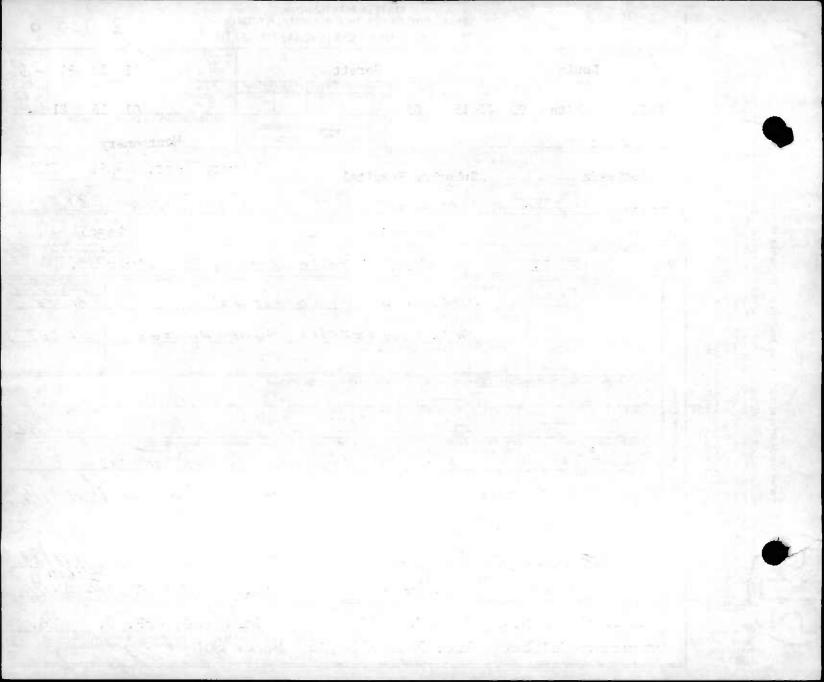
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24 64	PNERAL DIRECTOR R	Snow	Jen Roc	KVILLE	94, ST. JA!	भट्टी वाउप	GISTRANTIN DEC	MANAGE SECTION	rule 1118

DHMH-16 30M 2/80 (VRA 15, 4)

retained by the haspital or attending physician.



ال المالي		CEASED NAME FIRST Louis	A	MIDDLE	Sore	tast .	OF	E KNOWN ESTI-		DAY YEAR 18 1981	26. HOUR 243
A E S	3. SEX	4 RACE	5. DATE OF BIRTH	YEAR 6. AGE (IN YE	EARS IF UN	DER 1 YR. IF UNDE	R 24 HRS. 2c. DA	TE UNCED	MONTH	DAY YEAR	24. HOUR
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OLSE AGE		TY OR TOWN OF DEATH Bethesda	11. NAME OF HOSPI	TAL, NURSING HOM ITY, GIVE STREET ADDRESS)	E, OR OTH	ER INSTITUTION	Deputy	UPATION (TYPE	E OF WORK	OR INDUS	
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ned by the ottending physicio

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detoched for use as the buriol-transit permit. Then please remove corban paper with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

	FOR STATE REGISTRAR	DEPART	· STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 1 O	2637
	DECEASED NAME FIRST TYPE OR PRINT)	MIDDLE	Southworth	JANUARY	7 1981 26. HOUR 8 A
	FOUALE	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR 5 18 86	6. AGE (IN YEARS LAST BIRTHDAY) 94 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
2	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomery	M
8:	SILVER SPRING	(IF NOT IN SUCH FACILITY, GIVE STREET HOS	S HOSP.	(TYPE OF WORK FOR MOST OF WORKING LE HOUSEWITE	126. KIND OF BUSINESS OF INDUSTRY OWN home
Ma 130	ryland Mon	or other institution, give residence before unity transfer Sill. Si	pring 13d INSIDE CITY LIMITS?	222 Granville	e Drive,
0	James	B. Gilbe		MIDDLE	Grady
/ 160	(YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166. SOCIAL SECU GIVE WAR OR DATES) 579-03-4	(5	on) ADDRESS 5(Southworth-Ro	022 Sangamore d., Beth., Me APPROXIMATE INTERVAL APPROXIMATE INT
	IAA AAED			- I IN YIKAK	- 1 /7 /
NOI	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN		ENCE OF DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GI	VEN IN PART 1(o)
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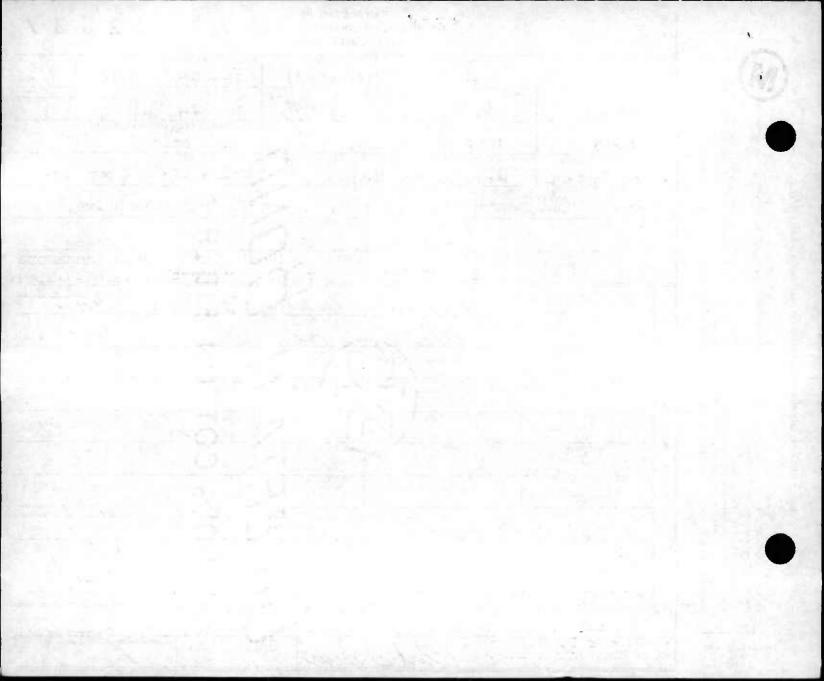
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician

DHMH-16 30M 2/80 (VRA 15, 4)



DHMH-16 30M 2/80 (VRA 15, 4)

	1 -	STATE REGISTRAR		NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	7 2 0 3
		CEASED NAME FIRST OR PRINT)	WIDDLE	C LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b HO
3.	SEX	Taracti	4. RACE 5.	DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER
4		Female		ovember 23,191	69 _{YRS}	
41	C	RTHPLACE (STATE OR FOREIGN		MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	
10		IShington, D. TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING I	HOME OR OTHER INSTITUTION	Montgomery 120. USUAL OCCUPATION	126 KIND OF BUSIN
00		Bethesda	(IF NOT IN SUCH FACILITY, GIVE STREET ADD 5506 Glenwood	Road	Housewife	Home
201	30. S	TATE 136 COU	ROTHER INSTITUTION. GIVE RESIDENCE BEFORE ADI NTY 13c. CITY OR TOWN Comery Bethesd	a YES X NO	13e. STREET ADDRESS 5506 Glenwoo	d Road
50	4. FA	THER'S NAME FRST Amos	MIDDLE LAST Smith	15. MOTHER'S MAIDEN NAMER STREET	WE	Jones
16		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECURIT 578-09-5	YNO. IZ INFORMANT C. W	ood d Circle, Had	ldonfield.
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STATE OF MARYLAND

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18		FOR 1 - STATE REGISTRAR		DEPART	STATE O MENT OF HEA CERTIFIC		MENTAL HYG		REG. NO.
ed be		I DECEASED NAME (TYPE OR PRINT)	Mary	Dillard	Spir	er Sp	EIR	Januar	
ge 4 mo)	(N	Female	4 RACE Cauc	asian	5. DATE OF I	BIRTH DAY	98	6 AGE (IN YEARS	
leoth. Po	ot one	7a BIRTHPLACE (STATE OR FORE COUNTRY) Tenn.		OF WHAT COUNTRY?	MARRIEDX WIDOWED	X NEVER M	ARRIED	9 BALTIMORE Mont	city or co gomery
2D1 rs ofter d by the fu	notified	01ney	(IF NOT IN	OF HOSPITAL, NURSIN SUCH FACILITY, GIVE STREET GOMETY G	(ADDRESS)			12a USUAL OC (TYPE OF WORK FO House	
AND 212 AND 212 124 hours	J. Churst be	USUAL RESIDENCE (IF NURSING 130 STATE	SHOME OR OTHER INSTITUTE COUNTY Mont.	ion, give residence befor 13% city or tow Silver Si	VN 113	d INSIDE CI	TY LIMITS?	13e STREET ADI	
MARYLJ ed within impletely and 2 st	150	14 FATHER'S NAME FIRST Frank	WIDDIE	Dillard	115		MAIDEN NAM	ME	HO
IMORE, oe execut	medical	160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN) (YES, NO OF UNKNOWN)	U.S. ARMED FORCE: IF YES, GIVE WAR OR DATES NONE			Hugh	B. Sp	ţir	ADDRESS
BALT cafe b	of, the	18 CAUSE OF DEATH	Enter only one couse	per line for (a), (b), an	nd (cl.)	6.3	()	/ / / / /	Card

Prioto Sr. Walkmenty Mel

	Female	Caucasian	4	19 98	83 82	YRS.	DAYS HOURS MIN.
7	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Tenn.	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIEI WIDOWE	DXX NEVER MARRIED DO DIVORCED	Montgomery		TH MD.
	10. CITY OR TOWN OF DEATH Olney	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A MONTGOMERY GE	enera		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Housewi		IND OF BUSINESS OR
1	USUAL RESIDENCE (IF NURSING HOMEO 130 STATE DU MOI	NTY 13c CITY OR TOWN	1	13d INSIDE CITY LIMITS? YES NO []	3588 Glene	eagles Dri	ve
0	Frank	Dillard Dillard		15 MOTHER'S MAIDEN NAME FIRST Leda	MIDDLE	House	LAST
		RMED FORCES? (E WAR OR DATES) (10) (213-24-		Hugh B. Spi	ADDRI Sl:	iver Spri	ng, Md.
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	22a.1 certify that (I) (this hasp sow the deceased alive on above, (I) (we) (did) (did no	ital) attended the deceased from 19 2011 view the body after death OR PRINT)	80 . on	de that in (my) (accomplantation of the property of the proper	MEDICAL STA	ote and hour and fro	SO, that (1) (we) last m the causes stated DATE SIGNED 1-3 Ten 5/
	230. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	. 23b. DATE 23c N		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	24 FUNERAL DIRECTOR	ADDRESS	ecuri 7	TAN Z	FREC D BY REGISTRAN	Mb. BEGISTRAE'S SK	NATURE

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2b. HOUR :15^a

IF UNDER 24 HRS

6

1981

IF UNDER I YEAR

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phe should be detached for use as the burial-transit permit. Then please remove carban premit the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic even TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death retained by the hospital or ottending physician.

DHMH - 16 50M 1/76 (VR A 15 (4))

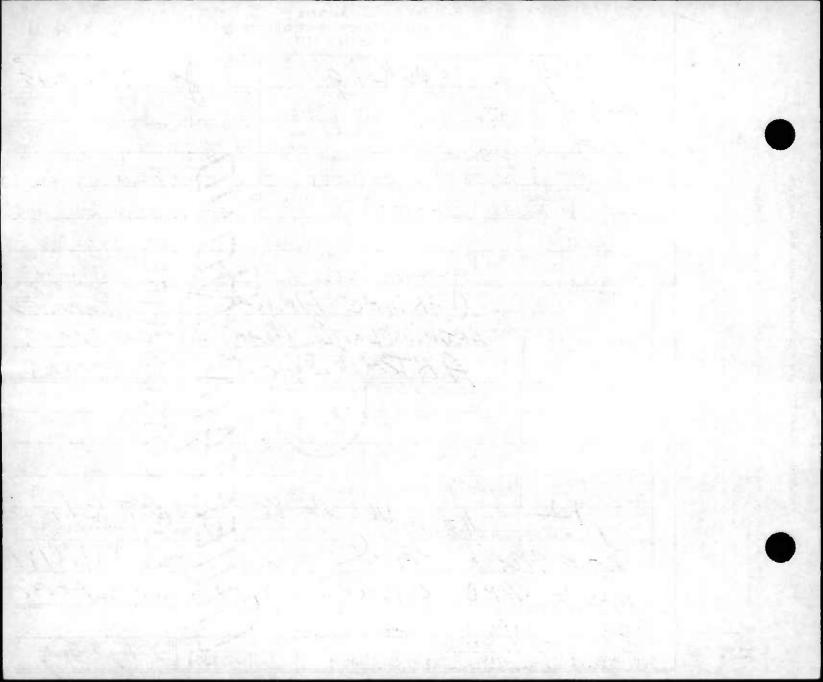
Marinest of the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after element by the haspital or attending physician.

death. Page 4 may be

5	1 -	FOR - STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	0 2 6	40
deoth		CEASED NAME SUL	G.	SPOKO	AST		month DAY YEAR 17 81	26. HOUR P
EM)	3. SE	IRTHPLACE (STATE OF FOREIGN	4. RACE WHITE 7b. CITIZEN OF WHAT C	5. DATE (MONTH JUI	DAY YEAR	6 AGE (IN YEAR)	YRS.	
	70. 0	MINNESOTA	U.S.A.	MARRIE	NEVER MARRIED DIVORCED	MONTGOMERY		AAD
notified within		ITY OR TOWN OF DEATH KENSINGTON	11. NAME OF HOSPITA (# NOT IN SUCH FACILITY KENSINGT)	AL, NURSING HOME (), GIVE STREET ADDRESS) ON GARDENS	NURSING HOME	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O	ON 12b. KIND F WORKING LIFE) INDUSTR	OF BUSINESS OR
should be	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COULD MONTO	VIY 13c. CIT	DENCE BEFORE ADMISSION) YOR TOWN LVER SPRING	13d. INSIDE CITY LIMITS? YES X NO 15. MOTHER'S MAIDEN NA	130. STREET ADDRESS 3202 S.	LEISURE W	ORLD BLVD.
50 mg 50		ALBERT	SPO	KELY	FIRST HANNAH	MIODLE		R I AND
Pages 1		WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (1F YES, GI	MED FORCES? 16h SO	3-09-0578	17 INFORMANT	SON ADDRE OKELY		MAYNE TR.
mit. Then please remave or prior to burial, cremation, any injury, or other traum	CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (19a. DATE OF OPERATION		UTING TO DEATH BUT		POSTS INAL DISEASE OR CONI	DITION GIVEN IN PART 20b. IF YES, WERE FINI IN CERTIFYING CAUS	DINGS USED
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And the State Dept IMPORTANT: If Item		BURIAL CREMATION, REMOVAL (SPECIFY) BURIAL REMATION, REMOVAL (SPECIFY) BURIAL NAME RANCI	23b. DATE 1/20/81	PARKIAN	226 ADDRESS OBINUOUD EMETERY OR CREMATORY IN CEMETERY	MEDICAL STAF DIRECTOR PHYSIC 23d LOCATION CITYORTOWN ROCKVIIIE E REC'D BY REGISTRAR	SPA, 2m	STATE
0M 2/80 5, 4)		500 UNIV. BLVD.	W. SILVER S	PRING MD.	20901 JA	AN 2 2 1981	motode	erudy

BP DHMH-16 30M 2/80 (VRA 15, 4)



requires that the death certificate be

OR ATTENDING PHYSICIAN: The low

within 24 hours ofter death. Page 4 may be

filled in by the funeral ould be filed within 73

signed by the attending physician and campletely hen please remove carbonpapers. Pages 1 and 2 sh

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical examiner

3. SEX	
DECEASED NAME	Fe
1 - STATE REGISTRAR	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3		0	2	6	43	
	REG. NO.					

	1 -	STATE REGISTRAR				CERTIF	ICATE OF D	EATH		REG. NO.	O	a. U		
		EASED NAME	FIRST	*	MIDDLE		LAST		2a DATE OF	DEATH M	ONTH DA	Y YEAR	26 HOUR	5
			Felix		E.	SPU	RNE	У	-	uary	270	1981	7:4	
	3. SEX			4. RACE		5. DATE (YEAR	6. AGE (INY	E ARS LAST BIRTHI		NIHS DAYS	IF UNDER 2	24 HRS
		Male		Caucas	sian		mber 2	5.190	2	78	YRS.			
		THPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNT	TRY? 8.	D NEVER M	ADDIED	9 BALTIMO	RE CITY OR	COUNTY	OF DEATH		
7		York		United	Stat	es WIDOWE		ORCED	Mont	gomer	v Cor	unty,		MD.
4		Y OR TOWN OF DE	ATH .			RSING HOME			12a LISTIAL /	OCCUPATIO	N	THE KIND O	OF BUSINES	ES OB
1	T.T.L.			(#NOT IN SUC	CH FACILITY, GIVES	e Nurs	ing Ho	me		K FOR MOST OF V				
1		L RESIDENCE (IF NUR	SING HOME OF				Ing no	inc	Civil	Engi	neer	Manuf	actu	ring
-	13a S	TATE	13b. COUN		13c. CITY OR		13d. INSIDE CI	TY LIMITS?	13e. STREET	ADDRESS				
2	Maı	yland	Mont	gamery	Kensi	ngton	YES T	NO []	4304	Glen	rose	Stre	et	312
-	I4 FA	THER'S NAME		MIDDLE	LAST			MAIDEN NAM	ΛE.	WIDDLE		- 14	ST	1117
0		Petr		MIDDLE	Spur			hana		MIDDLE			ser	
		'AS DECEASED EVER				SECURITY NO.	17 INFORMAT			ADDRES:		THE STATE OF		
	(4	NO	(IF YES, GIV	E WAR OR DATES)	577 0	3-2469	C	W e 1 .			Mant			000
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		PART I. DEATH V	TH (Enter on VAS CAUSE	ly one couse per DBY:			_ 14		7					DEATH
		11.11		E CAUSE (a)	MICH	os (Leri	THE THE	EART	DiJ-	CASK		Sev.	7/20	7
		4146)	DUE TO, O	R AS A CONSE	EQUENCE OF						100		
		Conditions, if ony		(b)_										
		gove rise to im cause (a), stati		DUETO	R AS A CONSE	EQUENCE OF								
		underlying coust		(6)	K AS A CONS	E O O E N C E O I								
		PART 2. OTHER SIG	NIFICANT	ONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEAS	E OR CONDI	TION GIVE	N IN PART 1	(01	
	N C	CHROME	00		Pul s	MARL	DISO	ATO A		suero	()	respe	7	2'5
H	CERTIFICATION	190. DATE OF OPERA			ITION FOR W	HICH OPERATIO		RMED	70a. AUTO		20b. IF YES.			
7	FIC	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									IN CERTIFY	ING CAUSES	S OF DEATH	
_	RTI	21a. ACCIDENT WAS UN		21b. TIME C	NE INTITION		121- 1101-111	ILIDY OCCUPA	YES 🗌	NO	YES		№ □	
1		OR CONTRIBUTING	Lug	LIOUD A	M. MONTH	DAY YEAR	ZIL HOW IN	JURY OCCURRE	ED (ENTER NA	TURE OF INJURY	IN ITEM 18 PAR	RT 1 OR PART 2)		
	CAI	(IF EITHER, NOTIFY MED	ICAL EXAMINER		.M.	19								
	MEDICAL	21d. INJURY OCCUR	RRED		OF INJURY	SICE EADA STC 1	21f. LOCATIO	IN		CITY OR TOW!	N	COUNTY	ST	ATE
	2	AT WORK NOT W	ORK	TAI NOME 31	ALLI, FACIONI, OF	rice, rann, ere y								
		22a. I certify that (I) (this hospi	to <u>l</u>) attended th	ne deceased fro	om		1970	lo Ja	nuary	31 19	81	that (I) (w	re) lost
		saw the decease	ed alive on	Januar	y 31	19 81,0	nd that in (my	our opinion d	eath occurre	d on the date	e and hour o	and from the	couses sto	ted
		22b. SIGNATURE	did)(did no	triew the body	offer death.		DEGREE					22¢ DATE	SIGNED	
		021	10 0	00.			_ A	TTENDING _	MEDICAL	STAFF		1-71	PI	
_	-	21d. PHYSICIAN'S N	100	ue_		M	22e. ADDRESS	HYSICIAN	DIRECTOR	☐ PHYSICIA	'N 🗌	1, 21	-01	
		A CHISICIAN SIN	MINE (TYPE C	0) A	450	1 . (/	. 6			_ ^ -	211
		KICHARD	H. 1	OLLES	(ND	10400 (SHACCIT	ICUT /	V, KE	45cm 47	W W	ワン	173
		URIAL, CREMATION	, REMOVAL	Pebr	nary	23c. NAME OF C	EMETERY OR C	REMATORY	23d. LOCA	ATION OR TOWN				
		Crematio	n	1.19	81	Metropo	olitan	Crema			xandr	ia,	Virgi	Înia

should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal. TO FUNERAL DIRECTOR: After this certificate has been retained by the haspital or attending physician. TO HOSPITAL

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR ROBERT RT A. PUMPHREY FUNERAL Bethesda, Maryland HOMES, P.A.

Virginia

Metropolitan Crematory, Alexandria, Vir Exy FUNERAL 256. DATE REC'D. BY REGISTRAR 256. REGISTOR'S SIGNATURE FEB 5 1981 5 1981

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MAI	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed we retained by the hospital or attending physician.	STO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compless should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical exact	51
	(AK)	(15, 4)		

-	1			STATE	OF MARYLAND	- I		
	1.	FOR STATE			EALTH AND MENTAL HYG	IENE 8	0 2	2 6 4 2
		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	D.	
		CEASED NAME FI	RST A	NIDDLE	AST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
		5	=ORGE	51	ANTURD		1 - 28	-8/9:35 M
1	3. SE	× loo	4 RACE	5. DATE O	F BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIRT	HOAY) IF UN	IDER I YEAR IF UNDER 24 HRS
		VVC	White	e. 3	07 16	64	YRS.	
20		IRTHPLACE (STATE OR FORE)	GN 76 CITIZEN OF V	VHAT COUNTRY? 8.	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH
10			ith Dakota	a. U. S. WIRDWE		MONIG	SOMI	-RY M
10	10.C	TY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING HOME O	R OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		NDUSTRY
00	2	IIVER SPRI	NG HOLU	CROSS HE	SPITALS	oilScient		nT Agrica
2	13a S			GIVE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
3.5			Montg.	017 01			ell St	
-	14. FA	ATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NAM	ME		
151	An	drew		anford.	Emma		uryear	↓ LAST
1		WAS DECEASED EVER IN L		166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRE		
1		YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	480-30-5753	Helen M. S	tanford.	(Wife) 13 e
		18. CAUSE OF DEATH (E	nter only one couse per	1		5.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	18	PART I. DEATH WAS	CAUSED BY: MEDIATE CAUSE (0)	1 July	mary Co	deme		hour
		2028		AS A CONSEQUENCE OF				
		Conditions, if any, wh	DUE TO, OF	Ticida	(1) . (120	Zotemia	_	4 mo
		gave rise to immedi	ote	AS A CONSEQUENCE OF	1 /	2		
	- 7	underlying couse l		Vuselo	id netapt	ana		10%
		PART 2 OTHER SIGNIFIC	CANT CONDITIONS CO	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONF	DITION GIVEN I	N PART 1(o)
	O		Ma	liquant	Cymphon	0		
	CERTIFICATION	190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE	RE FINDINGS USED CAUSES OF DEATH?
1	E	1/26/	181 6	ymph node	2 5107059 -	YES NO	YES T	
1	1 👸	210. ACCIDENT WAS UNDERLY		NJURY A. MONTH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I	ORPART 2)
	¥	OR CONTRIBUTING CAUS	E OF DEATH					
	EDICAL	21d. INJURY OCCURRED	21e. PLACE (OF INJURY	21f. LOCATION	CITY OR TO	WN	COUNTY STATE
	Ž	WHILE NOT WHILE	(AT HOME, STR	EET, FACTORY OFFICE, FARM, ETC)	SIRCEI	CITOKIO	/	31816
		220.1 certify that (1) (the	s hospital attended the	deceased from	11 , 19 191	7, to	128,19	X, that (I) (we)Jost
		sow the deceased a	live on	on Star death	d that in (my) (oc) opinion o	death accurred on the do	te and hour and	from the causes stated
		22b. SIGNATURE	1/-		DEGREE			221. DATE SIGNED
			XL	1 com	PHYSICIAN P	DIRECTOR PHYSIC	IAN []	1/29/+1
1	1	22d. PHYSICIAN'S NAME	LIVE OF WINTS	1	22e. ADDRESS			
1			/					
		BURIAL, CREMATION, REA	AOVAL 23b. DATE	23c. NAME OF CI	EMETERY OR CREMATORY	23d. LOCATION		Md.
	11	Crematio	n. Jan.	30, 1981 Ft	. Lincoln	Bladensb	urg Ra	. P. Geo.
	29/5	ERAL DIRECTOR	A Takoma	Funeral Ho	me. disopall	E REC'D BY REGISTRAR	256. REGISTRAR	
	N	Selly my May	1254 Ca	arroll St. N	. W. D. F. D.		a hadre	vous j
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11	FOR 1 - STATE-	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H	YGIENE 8 1 0	2 6 4 3
	REGISTRAR DECEASED NAME FIRST	CERTIFICATE OF DEATH	REG. NO.	YEAR 25 HOUR
- 12	TYPE OR PRINT) RAY	H. STANGER	1/17	/8/ 530 M
M.	Male	Caucasian April 26, 1890	6 AGE (HI YEARS LAST BREFEIAY) P. B.	NORRITEAR # UNDER 34 HBS. THS DAYS HOURS AME.
70	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Michigan	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF	DEATH
Dougle of the state of the stat	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12 KIND OF BUSINESS OR INDUSTRY
A STORY	SUAL RESIDENCE (IF NURSING HOME OR STATE AND MONTO	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134. CITY OR TOWN OMERY ROCKVILLE YES X NO TOWNSHIP YES X NO TOWNSHIP YES X NO TOWNS	Clerk 13. STREET ADDRESS 1595 Kimblewick F	Railroad
00, 14	FATHER'S NAME	MODILE LAST 15. MOTHER'S MAIDENN FIRST Clara		Ne 1 son
medical 1	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	rowne, Same as 13	
Sent, the	PART I. DEATH WAS CAUSE	ly one couse per line for (o), (b), and (c).) DBY: ECAUSE (a) Carleniane of	Calan.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
& Manuatic	Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF Treach	Infection	2 MOS
other to	gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	Aks Camela kai	10-15 YRS
20 a		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	rminal disease or condition given	IN PART 1(01
3	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WIN CERTIFYIN YES NO YES	'ERE FINDINGS USED IG CAUSES OF DEATH? NO
-	OR COMPRISION CALLES OF DE	HOUR A.M. MONTH DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18, PART	I OR PART 2}
rked or n	OR CONTROL OF THE CAUSE OF DEA	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is mo	sow the deceased plive on	tot) ottended the deceased from 5000 19 50	, 10, 17 _	that (I) (10) last ad from the couses stated
ZT: If hea	M Signator	DEGREE Zu. D ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED
MPORTANT	22d. PHYSICIAN'S NAME (TYPE)		ROCKVILLE PILE	Md. Rockville,
<u>X</u>	Bo BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	1301		ounty state
80 24	FUNERAL DIRECTOR ROber	t A.Pumphrey Funeral Homes P/A ²⁵⁰ P y Ave.,Rockville,Md. 20850	ATE REC'D. BY REGISTRAR	A COUNTY

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IMPORTANT: If Hem 21 is marked or Item 18 shaws ony

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STATE OF MARYLAND

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1 - STATE REGISTRAR			DEPARI		FICATE OF DEATH	GIENE C	REG. N	io.	20	9 9
1. DECEASED NAME (TYPE OR PRINT)	CHARL		John Tohn		AUBER		of DEATH	MONTH 13.	DAY YEAR	2b. HOUR
3. SEX MALE		A RACE WHITE		5. DATE (H DAY YEAR	6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	
NEW TRY YORK	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8 MARRIE WIDOWI	D NEVER MARRIED		MORE CITY C	OR COUN	TY OF DEATH	MD
Silver Sy	Kins	HAN V	CH PACILITY, GIVE STREE		OR OTHER INSTITUTION	12a. USU.	ALOCCUPAT PUSMAN	ЮN	128 KIND	OF BUSINESS OR
USUAL RESIDENCE (IF N 13% STATE Maryland	13b COUN Mont	other institution TY gomery	GIVE RESIDENCE BEFORE 111 CITY OR TOVE Silver	RE ADMISSION) NO Spring			58 ^{ad} Ray	ıbow	Drive	
14. FATHER'S NAME Karl FIRST		MIDDLE	Stauber		Marie	AME	WIDDLE		Effenbe	_
(YES, NO OF UNKNOWN)		MED FORCES? WAR OR DATES)	166 SOCIAL SEC 216 46		Carl M. Star	uber			ow Drivering, Me	
	immediate ating the use last.	(c)_	R AS A CONSEQUE		NOT RELATED TO THE TERM	MINAL DISE	ase or con	DITION G	SIVEN IN PART I	la
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OR CONTRIBUTING ((IF EITHER NOTIFY A 21d. INJURY OCC WHILE T NO	CAUSE OF DEA	P. 21e. PLACE		DAY YEAR 19	21c. HOW INJURY OCCUR			IRY IN ITEM 18		STATE
22a certify that sow the dec abave, (1) (w	(I) (this hospiteased alive an) view the bady		N	DEGREE ATTENDING PHYSICIAN [22e. ADDRESS 11161 New Ha	MEDICA DIRECTO	AL STA	FF CIAN []	22c. DATS	SIGNED
230. BURIAL, CREMATIC Burial	N, REMOVAL	23b. DATE 1/16/			EMETERY OR CREMATORY	_ (CATION ITY OR TOWN Centwo	od,	P.G.	Md.

retained by the hospital ar ottending physicia TO HOSPITAL OR ATTENDING PHYSICIAN: FUNERAL DIRECTOR: After this

DHMH-16 30M 2/80 (VRA 15, 4)

Ft. Lincoln Cemetery 74 Franciscidasch's Sons Funeral Home, P.A.
NAM Hyattsville, Maryland ADDRESS

23d LOCATION
CITY OR TOWN
Brentwood,

P.G.

Md.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 6 198 JAN1

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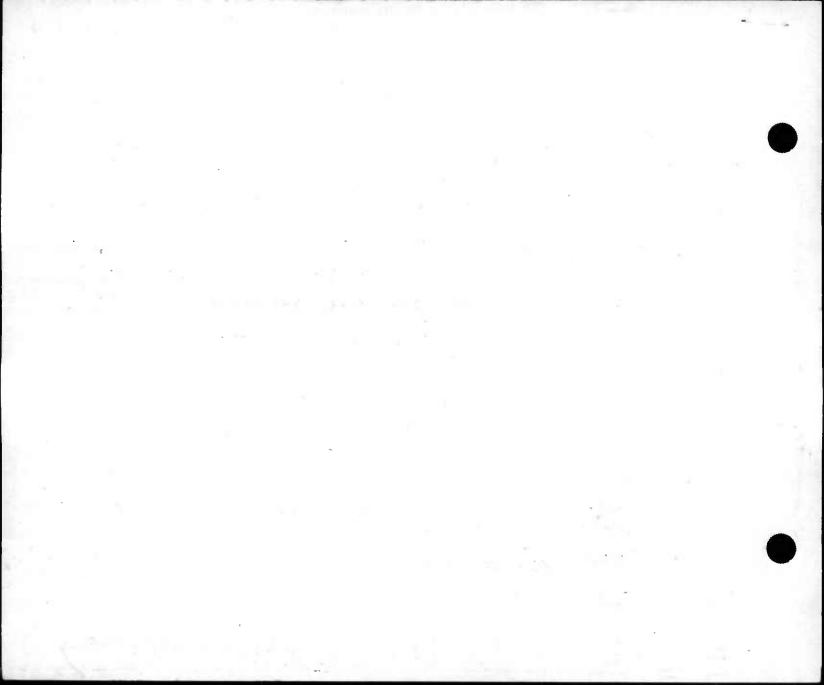
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		1-	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 REG. N	0 2	6 4 5
oge 3 death		(TYPE	CEASED NAME FIRST OR PRINT)	MIDDLE	Sto	EhR	20 DATE OF DEATH	MONTH DAY YEA	1 550 AM
director. page 3 hours after death	M	3, SE	Male '	White	5 DATE (DF BIRTH 1911	6 AGE (IN YEARS LAST BIR	MONTHS O	DAYS HOURS MIN
uneral uneral	35	We'	St. Virginia	USA 1. NAME OF HOSPITAL, N	WIDOWE		MONT	90MEL	MD.
by t	108.	Si	VER SPLING	(IF NOT INSUCH FACILITY GIVE	STREET ADDRESS)	spitA/	Retired	of working life) Indus Rea.	IRY Estate
ly filled in shauld be	35	Ma.	TATE CYland Nontg	omery Siri	Spr.	13d. INSIDE CITY LIMITS? YES O O	575 Thaye	r Avenue	, #102
plete	50	11.17	FIRST	DOLE (A		FIRST	WIDDLE		LAST
com s l a	0 3	16a V	Christian /AS DECEASED EVER IN U.S. ARA	H. Stor	Ehr L SECURITY NO.	Mary 17 INFORMANT (T.	ife) F	ESS	Foster_
Page	l dedico	()	es, no or unknown (IF yes, give	war or dates	05-1119			-(same as	13e)
sicior pers.	ž.	-	IS CAUSE OF DEATH (Enter only					BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
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ion. hos been the permit	Jows any	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO		20a AUTOPSY? YES XX NO□	206. IF YES, WERE FIN IN CERTIFY ING CAL YES []	JSES OF DEATH?
g physicial ertificate h al-transit;	9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONT	H DAY YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18, PART 1 OR PART	f 2
attendin ter this o	rked or l	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, (OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
portal or TOR: Affor use of Health	21 is mo		22a.l certify that (1) (this haspite saw the deceased alive an above, (1) (we) (did) (did not	1/7	19 87 . or	nd that in (my) our) opinion o	death accurred on the d	late and hour and from	, that (1) (we) last the causes stated
AL CR A the hos AL DIREC detoched of Dept	T: # Hera		The SIGNALINE	been 4	·.)	DEGREE ATTENDING PHYSICIAN Z	MEDICAL STA	AFF	TATE SIGNED
o HOSPIT etained by TO FUNER should be a	MPORTANT:		BARRY N. K	DSENIBAVI	y	22e ADDRESS 372	O FARR	AGUT AU	20785
0 5 5 5 3	₹	23a 8	URIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	STATE
BP	-		Cremation	1-8-1981	Metrop	olitan	Alexandr		Virginia
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STATE OF MARYLAND



1		1	1-	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND LEALTH AND MENTAL HY CICATE OF DEATH	rgiene 8	REG. NO.	0 2	6	4
e c	ę.			CEASED NAME OR PRINTI Bes	FIRST		F.	5	TONE	2a DATE OF		23 8		HOUR
(M)	once.		3 SE)			CAU	casian	S DATE C		90	89 YE	RS.	DAYS .	IF UNDER 24 H
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. MARY!	and 2 sh edical ex	50		THER'S NAME FIRST JACOB		ADDLE	FRÄHM		IS MOTHER'S MAIDEN N		ADDRESS		LAST	
TIMORE te be exe	Pages 1	1	Ŋ	AS DECEASED EVER		WED FORCES?	213-5		1 HERBERT	STONE)AK	
UN. PRESTON ST., B. es that the death certific do by the attending oblys.	sase remove carbon pape ial, cremation, or remov y, or other traumatic ev			PART I. DEATH W Conditions, if any, gave rise to imm cause (a), statin underlying cause	which mediate g the	DUE TO, C	OR AS A CONSEOU	ENCE OF	Carebial				Lea	set and DEA
ECORDS, 20	nit. Then ple prior to bur ows any injur		CATION	PART 2 OTHER SIGN	KIN	50N1	sm,		NOT RELATED TO THE TEN	RMINAL DISEASE	PSY? 206. If	YES, WERE I	FINDING	
OF VITAL R IVSICIAN: T physician.	al-transit perr	7	CERTIF	218. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA		DF INJURY .M. MONTH D		21¢ HOW INJURY OCCU	YES T	ASE OR CONDITION GIVEN IN PART 1(6) 100 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
DIVISION OF VIT NDING PHYSICIA attending physicia	as the burial alth and Me		MEDICAL	Z1d. INJURY OCCURR WHILE - HOTHWAT WORK	MLE-[3 -	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,		211 LOCATION STREET	0	CITY OR TOWN	COUN	1	STATE
TAL OR ATTE	detached for use (ate Dept. of Hei NT: If Item 21 i			22a.1 certify that (1) saw the decease abave, (1) (we) (d 22b. SIGNATURE	d alive and	view the bady	P-8/19	01			STAFF PHYSICIAN	22c.	,	
TO HOSPI	should be owith the St		20.	ARNOL	0 ,	A.LE	EAR N	19-	270 ADDRESS 1 2201 I	ST. N.C		ungro	W-L) < 2
1 4 P	5 3 ≦		23a. 8	URIAL, CREMATION,	REMOVAL	23b. DATE	23c	NAME OF C	EMETERY OR CREMATORY	234 LOCA	TION			

DHMH-16 25M (VRA 15, 4) 1/79 (SPECIFY)

BURTAL

24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEM. CHAP

KESHER ISRAEL CEM. 1170 Rockville, Pike; Rockville McDate REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

HARRISBURG

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

that (1) (we') last

STATE

IF UNDER 24 HRS

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STATE OF MARYLAND

TOTAL STATE OF THE gues atmosmit acus les l'en agres de l'estant de le company de la compan Persional Management Silver Spring 210 Alle discount (Pive 1-16-01 Trinito nes. o years intens, Consles, Sd. Numes Funeral Home, Waldorf, Werelland JAN'S STORY Fortend JAN'S STORY

	1-	FOR STATE REGISTRAR	DEPA	STATE OF MA RTMENT OF HEALTH CERTIFICATE	AND MENTAL HYG	IENE 8 REG. NO.	0 2 6	48
		CEASED NAME FIRST OR PRINT) WILLIAM	in Earle	576	29.05.1	20. DATE OF DEATH MC	13 1981 9	OUR 3 PM
to the total of th	3. SEX	male	* RACE white	5. DATE OF BIRTH	T. 1882	4 AGE (IN YEARS LAST BIRTHO	MONTHS DAYS HOU	RS MIN
ter death. Page s funeral direct thin 72 hours notified at one	Co	RTHPLACE (STATE OR FOREIGN DUNTRY) Pennsylvania	76 CITIZEN OF WHAT COUNT	RY?	EVER MARRIED DIVORCED	Montgome	ery	MD.
by the fued within	Ch	evy Chase	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GNE ST	y Chase La	Aptional ke Drive	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V retired		
within 24 ho tely filled in should be fill examiner mu	Ma	ryland Mor		Chase YES	X NO□		Chase Lake 1	Drive
ompletely and 2 sho		THER'S NAME FIRST William		gess, Sr.	THER'S MAIDEN NAME of the state	le MIDDLE	Što	
nn and co		VAS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, GF	WE WAR OR DATECT		ormant arl R. St		Bethesda, Md Savannah Dr.	
law requires that the death ce been signed by the attending tr. Then please remove carborn rior to burial, cremation, or re s any injury, or other traumat	ATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING 196. CONDITION FOR WE	QUENCE OF		20a AUTOPSY?	206. IF YES, WERE FINDINGS L	JSED
HYSICIAN: The I physician. is certificate has b ial-transit permit. fental Hygiene pri or Item 18 shows	MEDICAL CERTIFICATION	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MONTH	DAY YEAR		YES NO DEC		EATH?
After th the bur h and N narked	MED	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		STREET	CITY OR TOWN	COUNTY	STATE
R ATTENI spital or at RECTOR: d for use as ot. of Healt Item 21 is r	188		pital) attended the deceased from not) view the body after death.		n (my)our) opinion	death accurred on the date	e and haur and from the couse	
SPITAL O	<	274 P SICIAN'S NAME (TYPE	ORPRINT)	mo	ATTENDING PHYSICIAN DORESS	MEDICAL STAFF	_ /,>	81
TO HOSPITAL retained by the TO FUNERAL should be deter with the State IMPORTANT:	23a (SURIAL, CREMATION, REMOVA	- Umhau 1/15/81	23c NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION CITY OF TOWN	lle, Marylan	STATE
DHMH-16 25M (VRA 15, 4) 1/79	24. F	UNERAL DIRECTORTYSON	Wheeler Func Pike Rockvil	cal Home.]	nc . 25a. DAT		Lile, Marylan	

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Surial 1/15/01 arciam becorial tor: Rockwille, Maryland
Tyson beeler Fundent for , Inc.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO I. DECEASED NAME FIRST MIDDLE 20. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) 01in January 23 1981 6:20A Ear1 TEAGUE 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX Male MONTH April 6, 1910 White 70 To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 0klahoma USA Montgomery WIDOWED 0. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bethesda, National Naval Medical Center Congressman Government USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13e STREET ADDRESS 6015 Massachusetts Ave. 13d. INSIDE CITY LIMITS? Wood Acres Maryland Montgomery YES X NOF 15. MOTHER'S MAIDEN NAME Teague James Martin Ida Sturgeon 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT IN SOCIAL SECURITY NO Texas YES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES! 579 60 3421 John O. Teague, Rt.5, Box 1332, College Sta., WWII APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY Chronic renal failure with serosanguineous IMMEDIATE CAUSE (D) pericarditis DUE TO, OR AS A CONSEQUENCE OF Diabetes Mellitus Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YESXX NO YES 😿 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e, PLACE OF INJURY 21f LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE Jan. 270.1 certify that (1) (this hospital) attended the deceased fr and that in (my) (our) opinion death occurred on the date and hour and from the causes stated (not) view the body ofter di DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN Jan. 23,1981 THE PHYSICIAN'S NAME (TYPE OR PRINT) Lawrenc D. Bohan, M.D. National Naval Medical Center, Bethesda, Md 23e. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY)Burial Arlington 1/27/81 Arlington National Arlington Va. 24 FUNERAL DIRECTOR Gawler Sons, IncorporessWashington, D.C. 250. DATE REC'D. BY REGISTRAR'S SONATURE

5130 Wisconsin Avenue, N.W.

DHMH-16 30M 2/80 (VRA 15, 4)

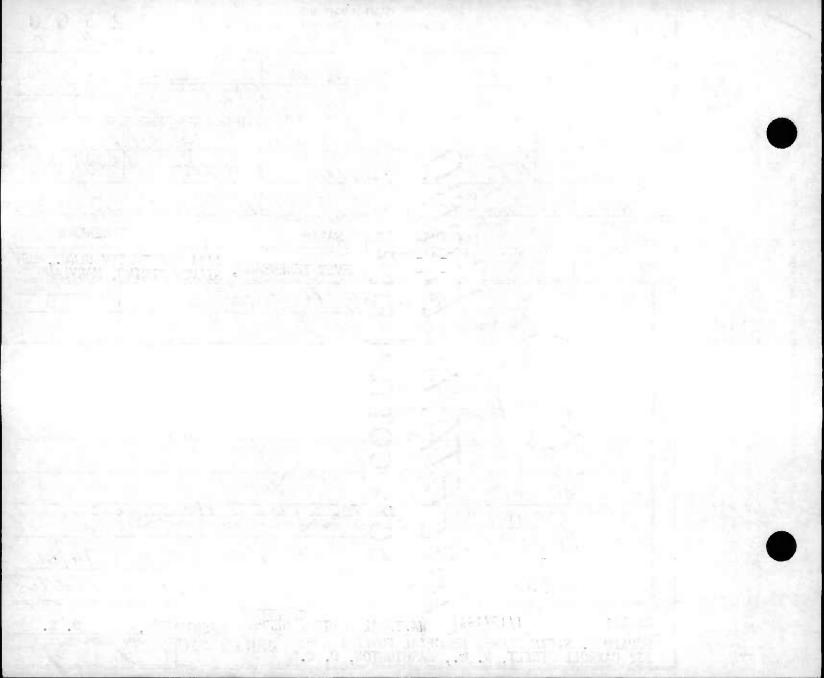
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the haspital or ottending physician.

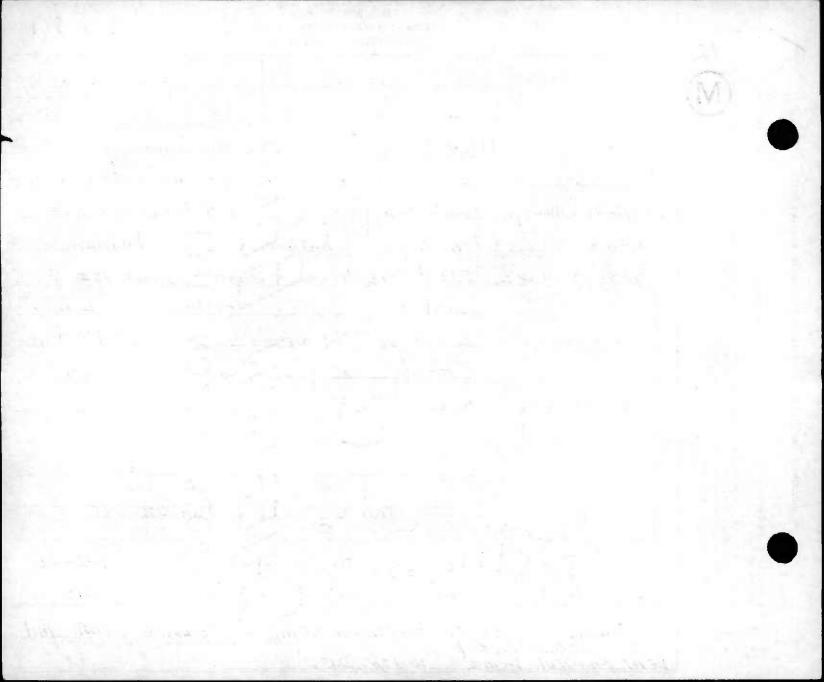
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	1-	STATE REGISTRAR	DE		ICATE OF DEATH	REG. N	. 4.24	240-0
6		CEASED NAME FIRST	WIDDLE	1	LAST	20. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
)	3. SEX	PESA	4. RACE	1 ENE	0.000077	6. AGE (IN YEARS LAST BIR		81 8 DA
	3. 36	EMALE	White	O S	H DAY YEAR_	7/	MONTHS	DAYS HOURS MIN.
17	7a. B1	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8.	2 5	9. BALTIMORE CITY O	YRS. COUNTY OF DEA	ATH
11	N.	POLAND	POLAND	WIDOW		MONTGO	MERU	M
8	5/1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I	E STREET ADDRESS)	OF OTHER INSTITUTION	120. USUAL OCCUPATION OF THE HOUSEWIF		KIND OF BUSINESS OF
36	USU/ 130 S	TATE 131 COU	OR OTHER INSTITUTION GIVE RESIDENCE	R TOWN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	VERSITY /	BLUD20
1	14. FA	THER'S NAME	MIDDLE I	PENY	15. MOTHER'S MAIDEN NA	ME		
50	1	ELLA	LEDERI	IAN	SARÁH	WIDDLE	TEN	IENBAUM
1	16a. V	VAS DECEASED EVER IN U.S. A ES NO OR UNKNOWN) (IF YES, G		2649709A 34-7136	MEYER TENENB	BAUM, SILVER	NIVERSITY SPRING.	BLVD., WES
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (a)	(b), and (c).)				APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
			ATE CAUSE (o)	WITH	de Myelo	ma		
		Conditions, if ony, which	DUE TO, OR AS A CON	ISEQUENCE OF	11		4.38	
		Conditions, if ony, which gove rise to immediate couse (a), stating the	(b)	ISEQUENCE OF				
		underlying cause lost.	(c)	.020021102				
	N	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN P	ART 1(o)
	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	206. IF YES, WERE	FINDINGS USED AUSES OF DEATH?
1	RTIF					YES NO	YES	NO [
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		H DAY YEAR	21c. HOW INJURY OCCUR	EO (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR P	PART 2)
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJURY	19	211 LOCATION			
	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY,	FICE, FARM, ETC)	STREET	CITY OR TO	WN COU	JNTY STATE
		220.1 certify that (1) (this hosp	pital) attended the deceased	from	23 19 81		, 198	, tho (I) we) los
		sow the deceased live of	n Y A not) view the body often death	19_8	nd that in (my) (bur) opinion	deoth occurred on the do	ate and hour and fro	om the couses stoted
		226 SIGNATURE	mumpl Bar	1-	DEGREE	A MEDICAL STAT		. DATE SIGNED
		125	me pur	1	ATTENDING PHYSICIAN	MEDICAL STAF	IAN	1/11/81
		22d. PHYSICIAN'S NAME (TYM	IDNO BA	35	16220	Treder	ick Ar	e baithor
		urial, cremation, remova BURIAL	1/15/1981	MATIONA	EMETERY OR CREME PET	ERIOL LOCATION CITY OR TOWN REW WASHING	GTON.	D. C. STATE
	24 FU	DUNARDIM. STEI	N HEBREW MEMQ	RIAL FUN	ERAL HOME 250. DAT	77110111	256 REGISTRARIS S	
		232 CARROLL ST	REET N. W.	WASHINGT	ON. D. C.	¥	~ /	



STATE OF MARYLAND

FOR



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4) 1/79

519-42 Vist Richard Thomas White Die and the second s LEHEL KI DEK JI, K. IZ KREYLINGTON PHOLESTISS RESP. THYMINETHER JUNIAL 1-19-31 Ash Riem (Penc. Sandy Sping Alecto Mit. Cettle II Smellery Therein in the ties in the

•	hours ofter death, Rage 4 may be	ed in by the function director, page 3 d be filed — this 72 tage after acceth
	death certificate be executed within 2	attending physicion and completely fill nove carbanpapers. Pages 1 and 2 shaudion, ar removal.
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death, Page 4 may be setained by the haspital or attending physician.	4O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the turning further, page 3 should be detached for use as the burial-transit permit. Then please remove carbanapapers. Pages 1 and 2 should be filed —ithin 72 trait after with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.
	TO HOSPITAL OR ATTENDING PHYSICIAN: The Is setoined by the hospital or offending physician.	JO FUNERAL DIRECTOR: After Should be detached for use as with the State Dept. of Health of

FOR - STATE PEGIS DEPARTMENT CEI

STATE OF MARYLAND		0	9	in	1.	73
OF HEALTH AND MENTAL HYGIENE		U	6.00	O	~	
RTIFICATE OF DEATH	REG. NO.					

Olney Montgomery General Hospital Homemaker Not the first Industry	6:57AL AR IF UNDER 24 HRS YS HOURS MIN. MO OF BUSINESS OF
Ethel M. Thompson January 21, 1981 3. SEX Female Caucasian November 23 1896 AGE (IN YEARS LAST BIRTHDAY) Formale Caucasian November 23 1896 BA YRS. Female Caucasian November 23 1896 ARRIFED NEVER MARRIED MONTGOMERY MINNESOTA U.S.A. WIDOWED DIVORCED MONTGOMERY Olney MONTGOMERY AR IF UNDER 24 HRS YS HOURS MIN AD OF BUSINESS OF	
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Maryland Montgomery Silver Spring VES ♥ NO 14217 Georgia Ave. 4. FATHER'S NAME FIRST NAME FIRST STANDLE LAST LAST AND AND C JOH 6. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS ROCKVIlle	
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was deceased ever in u.s. armed forces? 166 Social Security No. 17 Informant ADDRESS Rockville	nnson
18 CAUSE OF DEATH (Enter only one couse per line log (o), (b), and (c)	OXIMATE INTERVAL EN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	3 dass
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Canditions, il ony, which	2 420.
gove rise to immediate	0
cause (o), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF Cancer	3 yrs
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	1
	e estusio
Conscibile heart failure atrial thillation, Carlos we 190 autopsy? 200 autopsy? 200 feets, were find in certifying caus yes now yes now yes 210, accident was underlying 216. Time Of INJURY 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18, PART 1 OR PART 2	DINGRUSED
YES NO YES YES	SES OF DEATH?
21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2	
The second of th	•
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY	
WHILE NOT WHILE NOT WHILE STREET, FACTORY, OFFICE, FARM, ETC.)	STATE
WHILE NOT WHILE AT WORK	
22a certify that (I) (this hospital) attended the deceased fram 19 8 () and that in (my) (see) opinion death occurred on the date and hour and fram to	_, that (1) (we) la:
above, (I) (we refet) (did not week the body ofter death,	
DEGREE ATTENDING MEDICAL STAFF 22. DA	TE SIGNED
PHYSICIAN DIRECTOR PHYSICIAN	your 61
22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS	
DONALD E. DILLON, M.D. 18111 Prince Philip Dr. Olney, Md. 2	20832
BURIAL, CREMATION, REMOVAL 236. DATE 1981 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION CHYOR TOWN COUNTY	

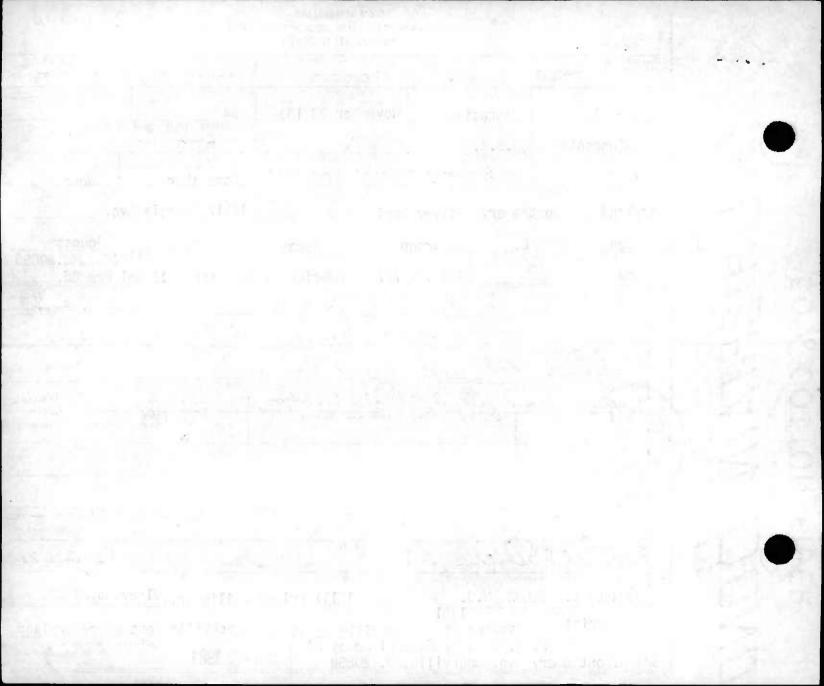
DHMH - 16 50M 1/76 (VR A 15 (4))

IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar other traumatic event, the medical

January 24 Rockville Cemetery Rockville MontgomeryMaryland

Median Funeral Homes P/A JAN 29 1981

JAN 2 9 1981



	1.	FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 REG. NO.	0 2 6 5
		CEASED NAME OR PRINTS	aim MOORE		LAST	24 DATE OF DEATH MONTH	DAY YEAR 2h. HO
	3. SE	石层	14 RACE		OF BIRTH	1-24-8	IF UNDER I YEAR IF UNDE
-	J. 5E	mala	Black	MON		-	MONTHS DAYS HOURS
1)	7a. BI	RTHPLACE (STATE OR FOREIGN DUNTRY)	75. CITIZEN OF WHAT CO	OUNTRY? E MARRI	IED NEVERMARRIED	MONTOOME	
18	5	IL. SPR.	LIF NOT IN SUCH FACILITY.	L, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	12b. KIND OF BUSIN
Piner mi	13a S	AL RESIDENCE (# NURSING HOME STATE 135 CO Tyland Mon	OR OTHER INSTITUTION, GIVE RESID		1134 INSIDE CITY LIMITS?	13. STREET ADDRESS 1966 Rosemar	y Hill Drive
medical exam	14. FA	LASUN S	MADOLE ATOLO	gbe	DESTREE	MIDDLE	THOMPSON
t, the me		VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) I IF YES, G	RAMED FORCES? 166 SOC WE WAR OR DATES)	noul	Lasun Atol	ADDRESS agbe same as l	.3e
to burlal, cremation, or rem by injury, or other traumatic	NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A C b) DUE TO, OR AS A C b) CONDITIONS CONTRIBU	ONSEQUENCE OF	DENE PERME	WINAL DISEASE OR CONDITION	
s shows at	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATION	ON WAS PERFORMED		FYES, WERE FINDINGS USI ERTIFYING CAUSES OF DEA YES NO
or Item 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MO	Y ONTH DAY YEAR	-	RRED JENTER NATURE OF INJURY IN ITEM	a 18, PART 1 OR PART 2}
marked	MEDICAL	216. IN JURY OCCURRED WHILE NOT WHILE AT WORK	PLACE OF INJUS	OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY
Lept. or real		220.1 certify that (II) (this has above, (II) (we also) did. 22b. SIGNATURE		19	and that in (my) (our) opinion DEGREE- ATTENDING	to 1-24-8 death occurred on the date and	hour and from the couses s
MPORTANT: If Item		22d. PHYSICIAN'S NAME (THE	Sussaya	Wil	PHYSICIAN 220. ADDRESS 2-40 B MS	DIRECTOR D PHYSICIAN (19101 11 A
IMPO	23a 6	BURIAL, CREMATION, REMOVA SMCKY) Burial	1/27/81	23c NAME OF Gate	CEMETERY OR CREMATORY Of Heaven Cer	23d LOCATION CITY OF TOWN metery Silver	Spring, Mar
6 25M 4) 1/79	24 FI	JNERAL DIRECTOR SON 1	heeler Fune	ored Home	, Inc.	TE REC'D. BY REGISTRAR 25% RE	GISTRAR'S SIGNATURE

Fryind Cotgonery Silver Spring 1966 Followery Hill Drive

el an emps eduniota nuemi

Nurtail 1/27/61 Gate of camen tenstory Haven a ring, Maryland number hasher Paparel nome, Inc.

Typen heeler Punctel Tome, The.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be jetained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directal, should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE REGISTRAR		DEP	ARTMENT OF HEALT CERTIFICA
REGISTRAR	75 3000		CERTITION
EASED NAME	FIRST	MIDDLE	LAST

STATE OF MARYLAND	CA.	3	0	2	6	100	
PARTMENT OF HEALTH AND MENTAL HYGIENE	0	1	O	lun .	0	2	
CERTIFICATE OF DEATH							

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MON	OTH DAY YEAR 26 HOUR
12.6	- VVIII-	M C	Inompson	6 AC-E (IN YEARS LAST BIRTHDA	- 2 - 8 12 15 M
3 . S	Male	Caucasian	June 15, 190		MONTHS DAYS HOURS MIN.
7a.	BIRTHPLACE (STATE OR FOREIGN VIrginia	76 CITIZEN OF WHAT COUNTRY United Staes	AAADDIED AAADDIED	Manraamai	ounty of DEATH ry County, ME
10.	CITY OR TOWN OF DEATH Wheaton	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE Manor Care N	SING HOME OR OTHER INSTITUTION		126 KIND OF BUSINESS OR
130	UAL RESIDENCE IN NURSING HOME OF LISTATE 136. COUN Maryland Mont		Chase YES TO NO		ford Avenue
Q 14.1	FATHER'S NAME WILLIAM	MIDDLE C Thom	npson 15. MOTHER'S MAIDEN		Hollo'ck
160	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166. SOCIAL SEC WIII 578 10		ADDRESS Thompson sar	me as item 13
ATION			O DEATH BUT NOT RELATED TO THE		ON GIVEN IN PART 1(0)
CERTIFICATION	174. DATE OF GREATION	179. CONDINON FOR WINC	CHOPERATION WAS PERIORMED		CERTIFYING CAUSES OF DEATH?
MEDICAL CER	OR COMPRESSION TO CAUCE OF OF	ATH HOUR A.M. MONTH	DAY YEAR 19 21f. LOCATION	CURRED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)
MEG	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
	220.1 certify that (1) (4) sow the deceased after an above, (1) (val) (did)	offended the deceosed from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	5 , and that in (my) (example	nion death occurred on the date of	nd hour and from the couses stated
	11 SIGNATUS SELL	Refor	ATTENDIN PHYSICIA	MEDICAL STAFF	a/JAN/8/
	WALTER	E- 6007	24 MA 2309	SHOREFIEL	D ROWHERO
230	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE Jan 23c	NAME OF CEMETERY OR CREMATO	ORY 23d LOCATION	d. Marryland STATE

BP.

DHMH-16 30M 2/80 (VRA 15, 4)

UNERAL DIRECTOR ROBERT A. PUMPHREY FUNERAL HOMES, P.A., BETHESDA, MARYLAND 24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

JAN 7 1981

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15/14/15		145.75	3 6 3 3	ng ng
Maria and A	11. 11. 11. 11. 11. 11.			
E STATE OF S				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after stained by the hospital or attending physician.

Page 4 may be

	1	FOR STATE REGISTRAR	Georg	ena	DI		T OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE	8 I REG. N	0	2 6	5 6
death	1. DE	ECEASED NAME CORPRINTS	odrysen Pho		MIDDLE	7	Pho	THIS ON	2ª DATE	Jam.	MONTH DA	1981	26. HOUR
L de	3 SE	x 'emale	4	RACE White				2,1892 YEAR	6 AGE (1N	YEARS LAST BIRT		UNDER I YEAR	HOURS MIN.
M 8		IRTHPLACE (STATE OR FO	OREIGN 76	CITIZEN OF V	WHAT COL	INTRY? 8		NEVER MARRIED	17.5	ore city o	R COUNTY C	FDEATH	AAD
in by the fur filed within		liver Sprin		. NAME OF H	HOSPITAL, HEACILITY, GI Sun	NURSING H	IOME C	R OTHER INSTITUTION	12a USUA	L OCCUPATION MOST O	-	INDUSTRY	F BUSINESS OR
2 should be fill arexamines mu	USU 13a	AL RESIDENCE (IF NURS STATE Md.	136 COUNTY Mont	gomery	131. SITY	CE BEFORE ADA	AISSION)	134. INSIDE CITY LIMITS?	130. STREE 2414	Sun V	alley	Circle	
completely 1 and 2 sho	14. F	Charles	MIC	DLE	Coll	ings		15. MOTHER'S MAIDEN N. FIRST Margaret		MIDDLE		Smal	i
Pages 1 a		WAS DECEASED EVER (YES, NO OR UNKNOWN) NO	IN U.S. ARME THE YES, GIVE W NOT	AR OR DATES)		20-10		17 INFORMANT Sli Warren Thoms	ver Sp on-son	~ ~		lley C	ircle
been signed by the ar t. Then please remove rior to burial, cremat is any injury, or other	ATION	Conditions, if ony gave rise to immove to the course to th	nediote ig the last	2616	OMTRIBUTIN	NG TO DEA	TH BUT	NOT RELATED TO THE TER	MINAL DISEA			N IN PART 110	
ertificate has transit permital Hygiene plem 18 show	L CERTIFICATION	21g ACCIDENT WAS UNI	DERLYING	21b. TIME O	F INJURY	1	re	21c. HOW INJURY OCCU	YES 🗌	NOR	IN CERTIFYI YES	NG CAUSES	OF DEATH?
After this ce the burial-th and Ment marked or It	MEDICAL	(IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR	RED	P.J 21e PLACE ((AT HOME, STR	OF INJURY	, OFFICE, FARM,	19 .ETC.)	211 LOCATION STREET		CITY OR TOV	VN .	COUNTY	STATE
TO FUNERAL DIRECTOR: thould be detached for use as with the State Dept. of Healt MPORTANT: If Item 21 is r	<	22a I certify that (I) sow the decease obow (I)(will) 21a SK NA (URE)	d alive on fid)(did not)	riew the body	14	19 8		d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICA	ı STAI	FF		
shoul with IMPO	23a	BURIAL, CREMATION, ISPECIFY) Cremation	REMOVAL	23b. DATE 1-16-8	31			EMETERY OR CREMATORY CEMATORY	23d. LOC City Was	ATION ORIOWN hingto	on,D.C.	20002	STATE
HMH-16 25M A 15, 4) 1/79		ee Funeral	Home 3	300-4th	St.N	E. W	ash	D.C. JAN			256. REGISTR		

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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1.	REGISTRAR			CERTIF	FICATE OF DEATH	REG. N	0.			
	CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR	
,,,,,,		hn	R. Tho	rns		January 29	, 198:		1:151	
3. SE	X	4. RACE		5 DATE (6 AGE (IN YEARS LAST BIRT		FUNDER YEAR	IF UNDER 24 HRS	
	Male	B1.	ack	1		83	YRS.	JATTS DATS	Mile	
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN O	F WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH		
4	Maryland	Unite	d States	WIDOW		Montgomer	7		MC	
10 C	ITY OR TOWN OF DEATH		F HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATE			OF BUSINESS OR	
	Olney				Hospital	LABORE		1.0001111		
75U.	AL RESIDENCE (IF NURSING HOMESTATE	OR OTHER INSTITUTION	N. GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	13e STREET ADDRESS				
M	Maryland Ho	ward	Woodbine		YES NO NO	14898 Bush	ney Par	rk Roa	d	
14. FA	ATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NA	MIDDLE		1A	ST	
	JOHN	T	THORN	15	MARY			Do	RSEV	
	VAS DECEASED EVER IN U.S. A	RMED FORCES	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS			
	NO		219-18-	86100	WALTER C.	THERNS	ELLIC	ette	TY. MD	
	18 CAUSE OF DEATH (Enter	only ane cause p	er line far (a , (b , and	dic	-			APPROX BETWEEN	ONSET AND DEATH	
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) delychalum								no	
	Due to, or as a consequence of									
	Conditions, if any, which (b) Creame hair sim drain									
	gave rise to immediate couse (0), stating the DUETO, OR AS A CONSEQUENCE OF									
	underlying cause lost	(c)_								
7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/01									
CERTIFICATION	assira	assistin preumonia								
ICA	190 DATE OF OPERATION	DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED						200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH		
RT			05 15 11 10 10		Tal How have a con-	YES NO	YES		NO 🗌	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	110110	OF INJURY A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PAI	RT 1 OR PART 2)		
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE		P.M.	19						
MED	21d. INJURY OCCURRED WHILE NOT WHILE []		E OF INJURY STREET, FACTORY, OFFICE, F.	ARM, ETC.	21f LOCATION STREET	CITY OR TOV	VN .	COUNTY	STATE	
	AT WORK			AA			\ 0	57 /		
	220.1 certify that (1) this has	pital) attended	the deceased from	3/	0 0 50 19 00	, to	1	9_0	tha (1) we) lost	
	obose (we) did did	of view the boo	dy ofter death.	- 1	nd that in (my) (our) opinian	death occurred on the ac	ore one nour			
	22b. SIGNATURE	CD	1.5		DEGREE ATTENDING \	MEDICAL STAI	F	22c. DATE	SIGNED	
	11/40	-> 1Ci	ren MI	2	ATTENDING PHYSICIAN	DIRECTOR PHYSIC		1112	19181	
	22d. PHYS AN'S NAME (TYPE	OR PRINT)	Pacar	1	22e. ADDRESS	Carina 1	1			
	Mark	5	roser	(DIVER	Spring, L	U			
73a F	BURIAL, CREMATION, REMOVA	1 23b DATE	1 23c N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION				

DHMH - 16 60M 1/75 (VR A 15 (4))

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove carity with the State Dept. af Health and Mental Hygiene prior to burial, cremation, or it

OR ATTENDING PHYSICIAN: The

TO HOSPITAL

retained by the hospital or attending physician

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BURIAL,
(SPECIFY)

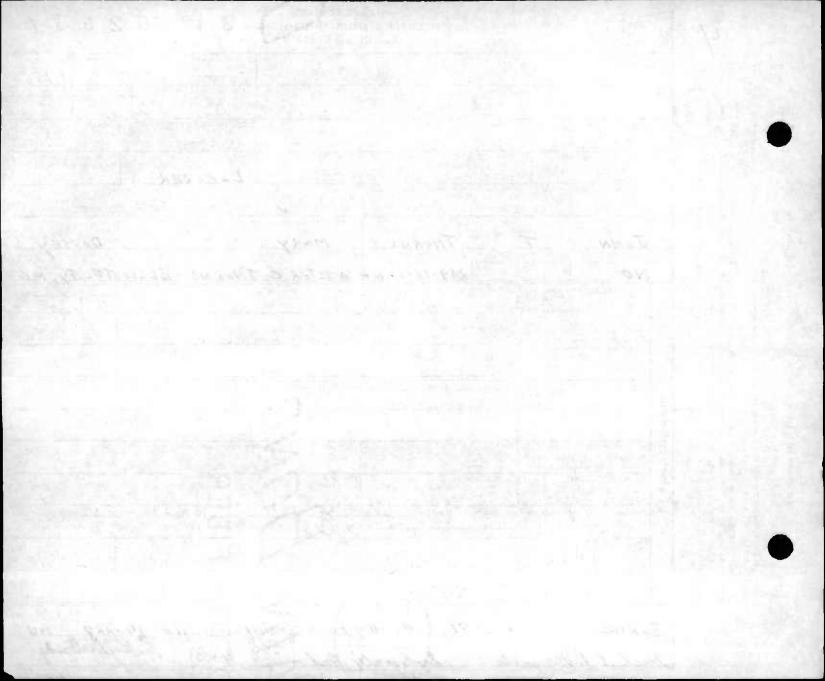
BURIAL

24 FUNERAL DIRECTOR
NAME P. marguller

BUSHFY PARK CEMETER COOKSVILLE HOWARD

250. DATE RECID. BY REGISTRAR 256. REDSTRAR'S SULVEY

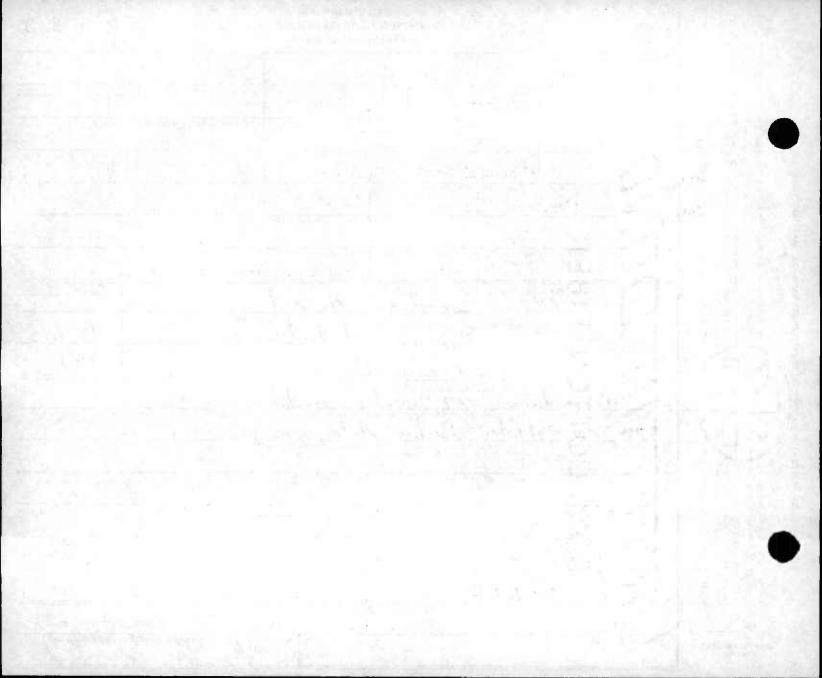
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moy be TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours atterded by the haspital or attending physician.

	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	2 5 5 8
	1. DECEASED NAME FIRST (TYPE OR PRINT) Dou	glas Michael	TIMM		2b HOUR 7:12P
7	3. SEX Male	4 RACE Caucasian	Jan. 15 DAY 1981	6. AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
35	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland 10. CITY OR TOWN OF DEATH	7b. CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSIN FNOT IN SUCH PACILITY, SIVE STREET	MARRIED NEVER MARRIED XX WIDOWED DIVORCED GO THE INSTITUTION ADDRESS, Medical Center	Montgomery 12a USUAL OCCUPATION (179F OF WORK FOR MOST OF WORKING LIFE	M 12b. KIND OF BUSINESS OF
Ewist be	13a. STATE	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) N 13d. INSIDE CITY LIMITS?	N/A 13. STREET ADDRESS 38 Oak Street	
Ocemine	14. FATHER'S NAME FIRST Gerald	W. TIMM	15. MOTHER'S MAIDEN N. FIRST Yvonne	MIDDLE M.	Boomer
Z medical	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES, N/A	ARMED FORCES? 16b. SOCIAL SECU N/A	Yvonne M. E	ADDRESS Soomer See item	13
iry, or ather troumoti		DUE TO, OR AS A CONSEQUE (b) 11 4 POX DUE TO, OR AS A CONSEQUE (c) 11 CONDITIONS CONTRIBUTING TO D	a and Heidos		18 4rs 18 4rs
em 18 shows ony inju	210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH 81 Palent Duck 216 TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED AT TENSORS AY YEAR 19	20a AUTOPSY? 20b. IF YES	N, WERE FINDINGS USED YING CAUSES OF DEATH? S (28) NO (
marked or He	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	Jan. 15 211 LOCATION STREET	city or town	COUNTY STATE
T: If Item 21 is	saw the deceosed olive above, (If (we) (did) (did) 22b. SIGNATURE	Jan. 24	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	r and from the causes stated ??c. DATE SIGNED Jan. 29,198
IMPORTANT	22d. PHYSICIAN'S NAME (TYP)	JADING AL 1230 DATE 1236 N	NAME OF CEMETERY OR CREMATORY	val Medical Cente	er, Bethesda,M
-	Cremation 24 FUNERAL DIRECTOR	Na	tional Naval Medic	cal Bethesda, Mont	gomery, Md.

BP. DHMH-16 30M 2/80 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2n DATE OF DEATH YEAR 26 HOUR DECEASED NAME FIRST TYPE OR PRINTS 8 rene Price 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS. DATE OF BIRTH SEX MONTH DAY YEAR 5 1925 55 White Female BALTIMORE CITY OR COUNTY OF DEATH O. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED WEVER MARRIED WIDOWED DIVORCED Montgomery County Virginia 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY PF NOT IN SUCH FACILITY, GIVE STREET, ADDRESS) burban Housewife Home Bethesda 050 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130, STATE , 136, COUNTY 131, CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 13125 Ardennes Avenue Montgomery YES X NO [Rockwille 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME LAST MIDDLE LAST FIRST MIDDLE Robert Caldwell Margaret Cecil Price Lucy 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) No 224024-1551 Same as item 13e David T. Tolbert None APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (cl.) PART I. DEATH WAS CAUSED BY: FAILURE MINUTES ESPIRATORY IMMEDIATE CAUSE (0), DUE TO, OR AS A CONSEQUENCE OF CAMEER EXTENSIVE 15 YEARS Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse fost. lo. PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 20a. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION HY CERTIFYING CAUSES OF DEATH? shows NO [NO 1 YES 🗌 Mentol Hyg 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 80 MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Herm MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f LOCATION 21e. PLACE OF INJURY ŏ 21d. INJURY OCCURRED COLINTY STATE CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from 81 ... and that in (my) (corr) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on_ obove, (1) (we) (did) (did not) view the body ofter death 22c. DATE SIGNED. DR. STEPBEN MEWMAN DEGREE SIGNATUR MEDICAL ATTENDING STAFF + PHYSICIAN DIRECTOR PHYSICIAN should be deto with the Stote IMPORTANT: I 22e. ADDRESS 5625 Bradley Blvd. Bethesda Edward Mehlman. M.D. 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN COUNTY STATE (SPECIFY) Rockville Burial Parklawn Mem. Park Montgomerv MERED SYTETES PAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc. DHMH-16 30M 2/80 1331 Rockville Pike Rockville, Maryland

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DIVISION OF VITAL RECORDS, 201 W.

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	1-	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 REG. NO.	0 2 5 6 0
decrh decrh	ITYPE	OR PRINT)	My C.	Tomlinson		1-28-81 26. HOUR 940 M
(M)	3. SE	Male	White	5. DATE OF BIRTH MONTH DAY April 27, 1892		MONTHS DAYS HOURS MIN.
1/2		RTHPLACE (STATE OR FOREIGN COUNTRY) Ohio	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Aronto	jomen County no
10/10		BeThesda	(IF NOT IN SUCH FACILITY, GIVE STI	N Hospital	170 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WO Self Emplo	ORKING LIFE) INDUSTRY
35	13a. S M a	irvland Mont		ersburges X NO	301 Russe	ell Avenue
150	14 FA	THER'S NAME FIRST Unknown	MIDDLE LAST	15 MOTHER'S MAIDEN N FRST UNK	WIDDLE	LAST
(popular)		VAS DECEASED EVER IN U.S. AR	VE WAR OR DATES)	CURITY NO. 17. INFORMANT	AD 65 3 Freiblev.Was	r attraction 1 - at 1 -
n please remove cortists paper burial, cremotion, ar removal, y, or other troumotic event, th		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSECTION OF TO, OR AS A CO	hal Respiration	Sailure MINAL DISEASE OR CONDITI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH // >> / &/
shaws ony injur	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WH	CH OPERATION WAS PERFORMED		Db. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO
ar Item 18 sho	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NO TIFY MEDICAL EXAMINE) 21d. IN JURY OCCURRED	ATH HOUR A.M. MONTH	DAY YEAR 19 21f. LOCATION	RRED (ENTER NATURE OF INJURY IN	LITEM 18 PART 1 OR PART 2)
them 21 is morked o	ME		ital) attended the deceased fro	NOV 1980 19	, to, to	7 , 19, that (I) (weblast and hour and from the causes stated
should be detact with the State De IMPORTANT: If P	23a. P	224 PHYSICIAN'S NAME (TYPECO OSOTH	LEKABUL	MD ATTENDING PHYSICIAN 1220 ADDRESS 7425 ALLO R NAME OF CEMETERY OR CREMATORY	ayton Rd B	elhopa wa
OM 2/80 5, 4)	24. FU	INERAL DIRECTOR Josex	1/31/81 In the state of the sta	t. Lincoln Cem.	CITY OR TOWN BRENT WOO BRCD. B 30 STRAR 356	COUNTY STATE Mathin 1 REGISTBAR'S STONATURE

sensy market tooliness property of Juniordank Batoline Lie. for argland lontoomery Gaithersburg X 201 .ussell avenue AWO TARE Ma, . 54 Vdsayes 1120 tes 1 48 1 229-40-6601 dte v. Traiblev, Mashington, 2.C. Tarrey of the second of the second TENTINGC, LOUR MET Compa Gayler's Jone, Inc. 145

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be	
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DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral direction and campletely filled in by the funeral direction of the should be detached for use as the buriol-transit permit. Then please remove corbon popers. Pages I and 2 should be filed within 72 hou with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar remayal.

	CEASED NAME FIRST PEOR PRINT)	LEONARD TOMLIN	NSON LAST	JANUARY 4,		7:30
3. SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTH		HOURS
70 B	MALE INTHPLACE (STATE OR FOREIGN	WHITE 76. CITIZEN OF WHAT COUNTR	MAY 20,1913	67 9. BALTIMORE CITY OR	YRS.	
3 v	irginia	USA	MARRIED X NEVER MARRIED WIDOWED DIVORCED	MONTGOMERY	COUNTY	
6 B	EITY OR TOWN OF DEATH	CLINICAL CENTE		120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V Miner		
3 VI	STATE 136 CO	OF OTHER INSTITUTION, GIVE RESIDENCE BER UNITY 136. CITY OR TO LZEWELL BLUEFI	OWN 13d. INSIDE CITY LIMITS?		06 Schenle AVENUE 246	y 505
9	J. W.	Tomlinson	Cretia	WIDDLE	Williams	
5 (WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O CS	Chie Mile Cha . Men	CURITY NO. 17. INFORMANT L-6352 MRS. VERA TO	ADDRÉS OMLINSON, WIFE		BOVE
	Conditions, if ony, which gove rise to immediate cause (o), stafing the underlying cause lost.	DUE TO, OR AS A CONSECTION OF AS	INTERSTITIAL PNEUMO	CLEROSIS,STATU HISTIOCYTIC LY	MPHOMA	K RS
	FART 2. OTHER SIGNIFICAN					
TIFICATION		E SEPSIS WITH S	PLENITIS CHOPERATION WAS PERFORMED		7 YEA 206. IF YES, WERE FINDING IN CERTIFYING CAUSES O YES X	ARS GS USED
NEDICAL CERTIFICATION	QUESTIONABL 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	19b. CONDITION FOR WHI 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c. PLACE OF INJURY	DAY YEAR 19 211. LOCATION		20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O YES (**)	ARS GS USED OF DEATH
MEDICAL CERTIFICATION	QUESTIONABL 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER. NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE 220 I certify that ()X this has sow the deceased alives	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFK	DAY YEAR 19 211. LOCATION	YES NO CITY OR TOWN	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES (**) IN ITEM 18. PART OR PART 2) COUNTY 19 81 , 1h	ARS GS USED DE DEATH NO S1.

Margaret Otherson in in reduct to will asserted 1801 of the factor

MPORING HEASED'S BY ESCHEDICAL SXANINER TROUMOTIC event, the medical promines

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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)	1 -	FOR STATE REGISTRAR		DEF		EALTH AND MENTAL HYG CATE OF DEATH		. NO.	0 2	2 6	6	2
			FIRST	MIDDLE	L	ist	20 DATE OF DEATH	HTMOM	DAY	YEAR	2b. HOL)R
۱	(TYPE	OR PRINT)	arriet	L.	Tow	nley	Jan	uary	29/	81	1:00	P _M
	3. SE)	(4. RACE		5. DATE O		6. AGE (IN YEARS LAST	BIRTHDAY)		ER I YEAR	IF UNDER	24 HRS
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200	7a. Bl	RTHPLACE (STATE OR FOR	EIGN 76. CITIZEN	OF WHAT COU	VTRY? 8.		9 BALTIMORE CIT			EATH		
4		(ichigan		od Chor		NEVER MARRIED		_				
-		TY OR TOWN OF DEATH			es WIDOWE	DIVORCED XX	12g. USUAL OCCUP	omery			OF BUSINE	MD.
2			(IF NOT IN	SUCH FACILITY, GIVE	STREET ADDRESS)		(TYPE OF WORK FOR MO	ST OF WORKING	LIFE IN	DUSTRY	DE BUSINE	233 OK
1		Bethesda	- 3		Hospital		Recepti	onist	D	ent	al	
8	13a. S	AL RESIDENCE (IF NURSING	HONE OR OTHER INSTITU	TION, GIVE RESIDENCE		13d. INSIDE CITY LIMITS?	13e. STREET ADDRES	SS.				
b	Ma	ryland M	ont gome:	- 1	esda	YES X NO		ring	Lak	e D	rive	
-	14. FA	THER'S NAME				15. MOTHER'S MAIDEN NA	ME					
1		Malcolm	MIDDLE	McKe	enzie	Lucy	WIDDLE			IIn b	n own	
7.0	16a. V	VAS DECEASED EVER IN	U.S. ARMED FORCE		SECURITY NO.	17 INFORMANT	ADI	DRESS 42	77			
	0	VES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATE		1. 2027	114 1 1 2 72				st		
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7	MEDICAL CERT	21a. ACCIDENT WAS UNDERS	SE OF DEATH HOUR	AE OF INJURY A.M. MONTI P.M.	H DAY YEAR	21c. HOW INJURY OCCUR				R PART 2)		
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24 FUNERAL DIRECTOR T A. PUMRHREY FUNERAL Bethesda, Maryland ROBERT HOMES

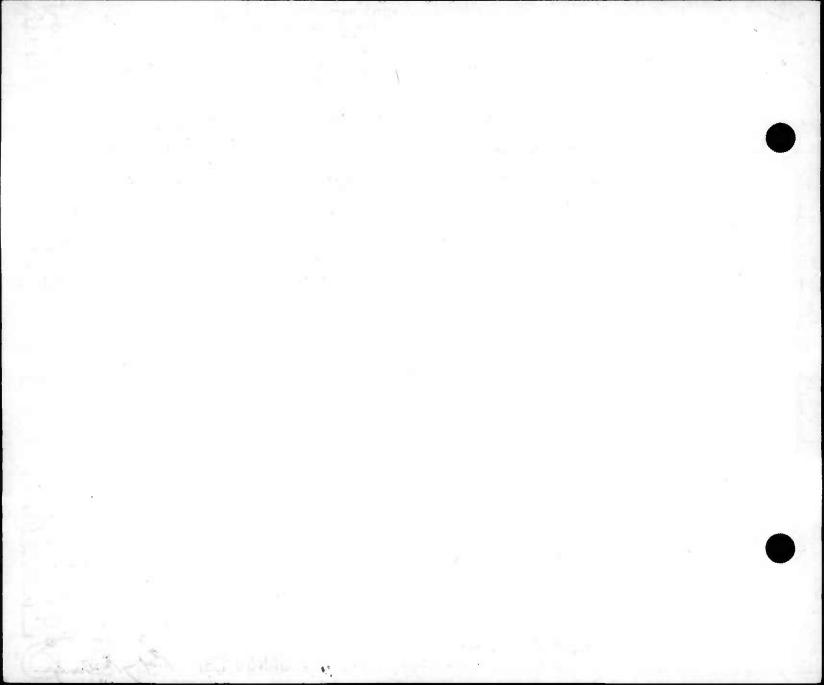
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ore	pers	event, the		IS CAUSE OF DEAT	H (Enter only o	ne couse per	line for (a), ((b), and (C'						APPROX BETWEEN	MATE INTERVAL ONSET AND DEA	ÁТН
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ARY, PLEAK DIRECTO UR FILE ZHOUJ	3. SE	MALE WHITE	S. DATE OF BIRTH	1953 THDAY) MOR	JNDER 1 YR. IF UNDER 24 I	n. PRONOUNCE DEAD	/	DAY YEAR 2d.	25M
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E ANY DI SHOULD SHOULD I LECORD		AL RESIDENCE (IF IN NURSING HOME C 13b. COUN MONT (TY 13c. C	HOT BEFORE ADMISSION) LITY OR TOWN SILVER SPR		STREET ADDRESS	MOR DR.		
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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOI RITHOG THE WORD "PENDING" IN PENCIL IN ITEM 18 POED TO THE CHIEF MEDICAL EXAMINER ALONG E 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, I PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	Conditions, if any, which gave rise to immediate couse (o) stating the underlying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS	DUE TO, OR AS A C	M PENSI VO ONSEQUENCE OF RELATED TO THE TERMINAL DISE		MECULA	n Dou	BETWEEN ONSET AND	VS
OF VITAL REC ATE SHOULD I WORD "PEN THE CHIEF M TO BE USED A RENT OF HEAI BURIAL CREA	CERTIFICATION	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS	19b. CONDITION F	OR WHICH OPERATION Y 21c.		ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR P.	20. AUTOPSY? YES N	VO D
XAMINER: THE ESTRICACE W ID BE FORWAR DIRECTOR: PAG WITH THE STAT ARYLAND, 21201	MEDICALC	UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE AT WORK 220. I certify that I took charge	DEATH P.M. 21e. PLACE OF INJUSTREET, FASTORY, FAS	ITH DAY YEAR 1981 JRY (ATHOME, 21f. L M. ETC.) 2	SALOW ON OCATION STREET LYNNMOR O	STY OR TOWN SILVE Inquiry Undetermined mann MEDICAL EXAMIN	-SWE 2 Sew 6. B, ond in my o er .	DUNT MONT pinion	MAD.
TO MEDICAL E EXECUTE THE PAGE 4 SHOUN TO FUNERAL IS AFTER DEATH, BATTIMORE, M.		BURIAL, CREMATION, REMOVAL (SPECIFY) OR FMATION	Sh. DATE [78]	MAYLE SV 31. NAME OF CEMETERY FULLENCOLU	OR CREMATORY	cons N by Bright	o Fern	Brown	el
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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7.4	١.	STATE REGISTRAR		DEPART		IEALTH AND MENTAL HYG ICATE OF DEATH	REG. N	10.	2 0	. 0
1		CEASED NAME FIRE OR PRINTIL		MIDDLE	4	LAST	20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOL
	(IIII	NEL	L/E (He	len) TR	OTM	AN		1-17	-81	10:
1	3. SE		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER
	1	FEMALE	Cauca	sian	02		86	YRS.	NINS DATS	HOURS
217		IRTHPLACE (STATE OR FOREIG	N 76 GITIZEN C	F WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY O	OF DEATH	
11		England	VEng1		WIDOWE	DIVORCED	Montgom	ery C	unty	
70		ITY OR TOWN OF DEATH	LIF NOT IN S	SUCH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST		126. KIND C	F BUS IN
10		thesda		rban Hos		1	Homemake	r	Hom	e
20	130. 5		COUNTY	13c. CITY OR TOW	/N	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
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6	14. 17	Joe	MIDDLE	LAST		FIRST	WE		LAI	
20	160 \	WAS DECEASED EVER IN U		? 166 SOCIAL SECU		Ellen 17. INFORMANT	ADDR	FSS	Burt	on
	190.	YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)			Barbara H.			as #1	3
	_	18. CAUSE OF DEATH (E) PART I. DEATH WAS O				Darbara III	nay neo;	- Carine		MATE INTE
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and adopt of other 1000	SATION	gove rise to immedia couse (a), stating underlying couse lo	DUE TO, OST CONDITIONS SCLERO		PALIZENCE OF DEATH BUT PAR	NOT RELATED TO THE TERM		IDITION GIVE	WERE FINDI	NGS USE
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the hospital or ottending physician.
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	1.	DEC TYPE C	EASED NAME FIRST OR PRINT)	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR 26. HOUF
	1		ANASTA	SIA	T	Singola	/- 8	-81	11:10 M
-	3	. SEX	Forelo	. RACE	5. DATE	H DAY YEAR	6 AGE (IN YEARS LAST BIR	MONTH:	DER I YEAR IF UNDER 24 HRS S DAYS HOURS MIN.
M.	7	. DID	Female THPLACE (STATE OR FOREIGN 7)	Caucasian b. CITIZEN OF WHAT COUNTRY?	Jan	uary 1, 190	9 BALTIMORE CITY O	YRS.	EATH
4	0	Bu	lgaria	USA	WIDOW		mont	gomery	MD.
Petition	0	2	YORTOWN OF DEATH	1. NAME OF HOSPITAL, NURSING THE NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	or other institution	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST OF Housewi	F WORKING LIFE) IN	kind of Business or dustry Home
My be		JSUA 3a. S1	L RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE BEFOR Y 13c. CITY OR TOW Gomery Bethe	ADMISSION)	13d. INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS 7017 Ricl		
No.			HER'S NAME	IDDLE LAST	3 d a	15. MOTHER'S MAIDEN NAM	ME MIDDLE		LAST
100	6/	ξη \A/	WILLIAM AS DECEASED EVER IN U.S. ARM	Kotzjhon ED FORCES? 166 SOCIAL SECU	IDITY NO	Maria 17. INFORMANT	ADDRE	(Unkno	wn)
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		FOR STATE REGISTRAR		STATE OF MARYLAND NENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	2 6 6 7
		OR PRINT) MARY	Virginia	TURNER	IN DAIL OF BEATT	11-81 5:45AM
M)	3. SE	FEMALE	4. RACE BLACK	5. DATE OF BIRTH MONTH DAY YEAR 25 3	6. AGE (IN YEARS LAST BIRTHDAY) 49 YRS.	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
10		RTHPLACE (STATE OR FOREIGN COUNTRY) CArolina U.S	76. CITIZEN OF WHAT COUNTRY?	MARRIED PNEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY MANY CC	OF DEATH
1 Lotted		Wome Park Md	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)		128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	INDUSTRY
935	13a. S	TATE 13b. COU	R OTHER INSTITUTION. GIVE RESIDENCE BEFORE NTY 13(. CITY OR TOWN 5: Ivan 5p.	N . 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS Tam	anach Rd.
50	14. FA	Howand	MIDDLE LAST LAST	15. MOTHER'S MAIDEN NA	4 Little	LAST
medicat		VAS DECEASED EVER IN U.S. AR (ES. NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166. SOCIAL SECUL VE WAR OR DATES) 238-42-		Medical recomm	
vent, the		PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), one ED BY: TE CAUSE (o) Conse		intere	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
other traumotic e		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO OR AS A CONSEQUE	NCE OF ,	loma	3 years
njury, or	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	Lobe Menni		ZEN IN PART 1(0)
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JT. If hen		22b. SIGNATURE B.	Maran Mo	DEGREE	MEDICAL STAFF DIRECTOR PHYSICIAN	1/11/81
IMPORTAN		22d. PHYSICIAN'S NAME (TYPE OF STEY	B. Mason	220. ADDRESS	summit Ave, ku	ensington, Ad
4	23a E	URIAL, CREMATION, REMOVAL SPECIEY)	1-15-81 C	ME OF CEMETERY OR CREMATORY	THE LOCATION	COUNTS STATE
30	24 F	INERAL DIRECTOR	ADDRESS	1425 MD, 44, MESO. DA	TE REC'D. BY REGISTRAR 25b. REGIST	TRAR'S SIGNATURE

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~	of of		3. SE		4. RACE		5. DATE O	DAY	YEAR	6. AGE (IN YEARS LAST BI	N	IF UNDER I YEAR I
Poge	direct hours	ė	7a. BI	RTHPLACE (STATE OR FOR	EIGN 7b. CITIZEN	OF WHAT COUNTRY	? 8.	20	14	67 -	OF COUNTY	OF DEATH
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e e	the fu	8 Stilled		TY OR TOWN OF DEATH	(IF NOT IN	OF HOSPITAL, NURS		R OTHER INSTIT	NOITUT	120 USUAL OCCUPAT	OF WORKING LIFE	
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Z	nding carbo	otic e		1629	DUE TO	= 100	A.A.A	0	4	AL D	1	-
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VITA THE	cate cate onsit Hygie	8 sho	CERT	31s. ACCIDENT WAS UNDER		E OF INJURY A.M. MONTH I	DAY YEAR	ZIc HOW INJU	JRY OCCURR	ED (ENTENHINE OF HI		
P N	certification	Heal	MEDICAL	OR CONTRIBUTING CAG	EXAMINER)	P.M.	19					1,1955
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ATTEN	TOR: for us of He	21 is		sow the deceased	1	W19 19	V 1	d that in (my) (c	our) opinion d	eath occurred on the c	dote and hour	ond from the co
OR A	DIRECTOR DIRECTOR Dept.	Fe		226. SICMATURE	()()	1	An	DEGREE	TENDING	MEDICAL _ STA		224 DATE 51
ITAL	ERAL e deto State	Z		22d PHYSICIAN'S NAM	end of.	Mu	LLO	22e ADDRESS	YSICIAN 2	DIRECTOR PHYS	CIAN	Har
HOSP		MPORTA		RICHA	(CAF	WHFL	71/	71(2)	DA	#	7	200
5	sho sho	¥	23a. B	URIAL, CREMATION, RE	MOVAL 23b. DATE	230	NAME OF C	EMETERY OR CR	EMATORY	23d. LOCATION	Vire C	acres of

FOR

I. DECEASED NAME

REGISTRAR

Burial 24 FUNERAL DIRECTOR

Nalley's F.H.Inc.

DHMH-16 30M 2/80

(VRA 15, 4)

FIRST

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

Md. Veterans

Mt. Rainier, Md.

date and hour and from the causes stated TAFF SICIAN Cheltenham Pr. Geo. Cem. 250. DATE REC'D. BY REGISTRAR 256 GISTRAR'S TIGNATURE intry McCready

REG. NO

MONTH

DAY

2b. HOUR

12K KIND OF BUSINESS OR

LAST Day Same as above

No. IF YES: WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO IT

STATE

IF UNDER 24 HRS HOURS

20 DATE OF DEATH

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME FIRST DAY 2b. HOUR TYPE OR PRINTS 4 RACE DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS SEX MONTH YEAR DAYS HOURS 76 CITIZEN OF WHAT COUNTRY? **! BALTIMORE CITY OR COUNTY OF DEATH** ISTATE OR FOREIGN MARRIED NEVER MARRIED DIVORCED WIDOWED Mantaameru NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Hausewi ko USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

133. STATE 136 COUNTY, 136. CITY OF TOWN 13R STREET ADDRESS 13d INSIDE CITY LIMITS? Maryland morrigou YES [NO [& Crown Count IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME HODGEKINS MIDDLE MIDDLE 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** daughter (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-28-6249 No same as APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE Canditians, if any, which MUSONO gave rise to immediate cause (a), stating the CONSECUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? YES NO YES [NO PT 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) MONTH HOUR A.M. DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d INJURY OCCURRED 21R PLACE OF INJURY STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive an _____ and that in (my) (our) opinian death accurred on the date and hour and from the causes stated obave, (1) (we (did nat) view the bady after death. 22c. DATE SIGNED 22h SHINNATLE DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22ª ADDRESS G. Stuart Scott. M.D. 19201 Montgomery Village Ave. Gaithersburg 23d LOCATION 23a BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE 231 NAME OF CEMETERY OR CREMATORY STATE

Gate of Heaven Cemetery

Silver Spring

Mont

Fob. 2.1981

Silver Spring.

24 FUNERAL DIRECTOR Francis J. Collinsoness

500 University Blvd. W.

DHMH-16 25M (VRA 15, 4) 1/79 Burias

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	1.	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND IENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 0	2 6 7 0
m #		CEASED NAME FIRST SADIE	MIDDLE	EDERMAN .	JANUARY 15	1981 5:55 Am
ector, page 3 s after death nce.	3. SE	x FEMALE	A RACE WHITE	S. DATE OF BIRTH SEPTEMBER 14, 1899	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
The dir		PENNSYLVANIA	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY MONTGOMERY	OF DEATH MD.
by she full by she		ROCKVILLE	11. NAME OF HOSPITAL, NURSIN	900 NURSING HOME	120 USUAL OCCUPATION (TYPE OF MORKING LIFE SALESLADY	126 KIND OF BUSINESS OR RETAIL
filled in unid be fill	PE	AL RESIDENCE (IF NURSING HOMEON NOSYLVANIA PHIL	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADELPHIA 131 PHILADE	LPHIA 13d INSIDE CITY LIMITS?	13. STREET ADDRESS 6924 LARGE ST	REET
ompletely and 2 sho dical exa		JACOB ST	MILLER	MINNIE		CERTATNABLE)
Pages 1 at the me	(NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN] (IF YES, GIV NO	RMED FORCES? 16h SOCIAL SECUL 166-28-	The second secon	ECHTER, 6209 PLAT	MESDA, MARYLAND NVIEW ROAD,
ned by the attending physic please remove carbon paper. urial, cremation, or remova jury, or other traumatic eve		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	Elevote Carden	Les Parula Disere	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SULLAND ONE
in. cate has been significant to permit. Then regione prior to k. 18 shows any in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 201 IF YES IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
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retained by the hospital or TO FUNERAL DIRECTOR should be detached for use with the State Dept. of Hee MPORTANT: If Item 21 is		220. I certify that (I) (this hasp sow the deceased alive a above, (I) (we) (did) (A) is a solution of the control of the cont	overwithe loady after death OR PRINT) FILE OR PRINT)	DEGREE ATTENDING PHYSICIAN	death accurred an the date and have	VI DATUSIGNED
BP	20.5	BURIAL CREMATION, REMOVAL BURIAL CREMATION, REMOVAL BURIAL DIRECTOR OFFITAL	1/18/1981 RO	AME OF CEMETERY OR CREMATORY DSEVELT MEMORIAL PA	RAIS O TOOT	SUNTY, STATE.
DHMH-16 25M (VRA 15, 4) 1/79		CARROLL STR	EET, N. W., WASH	INGTON, D. C. 250. D.	retains	/ /

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STATE OF MARYLAND

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the haspital ar attending physician.

DHMH-16 30M 2/B0 (VRA 15, 4)

executed within 24 haurs after death. Page 4 may be

	1 -	REGISTRAR		DEFA		IEALTH AND MENTAL HYG ICATE OF DEATH		C NO	20
	1. DECE	ASED NAME FIRST	line)	MIDDLE	Vett	AST	2a. DATE OF DE A		DAY YEAR 26 HO
	3. SEX	= 700	4 RACE	_D	5. DATE C	OF BIRTH - 15 - 95	6 AGE (IN YEARS E		IF UNDER LYEAR IF UNDE
33	7a. BIRT	PLACE (STATE OR FOREIGN INTRY) VGINIA USA.	76 CITIZEN OF	WHAT COUNT	RY? 8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE C	ITY OR COUNT	TY OF DEATH
85	Ro	CKVILLE MO.	Shady	HOSPITAL, NU CHFACILITY, GIVE ST G FOVE	Adver	OR OTHER INSTITUTION	120 USUAL OCCI	NOST OF WORKING	12b. KIND OF BUSIN INDUSTRY
35	130. 87	RESIDENCE (IF NURSING HOME OF 1315, COL	OR OTHER INSTITUTION	GIVE RESIDENCE B	EFORE ADMISSION) RSbuy	13d. INSIDE CITY LIMITS?	13e. STREET ADDI		Ave.,
50		HER'S NAME FIRST William	MIDDLE	Day	7	15. MOTHER'S MAIDEN NA Ellen	MIE		Racey
1		AS DECEASED EVER IN U.S. AS, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	217-16	2753	Elmer E. Vet		PPRISSMee: aithers	m Ave., burg, Md.20'
		Conditions, if ony, which	DUE TO, C	R AS A CONSE	OVESP COLY	L	исе		1 mo
		couse (a), stating the underlying couse lost.	(c)_	-	10 CATE	CMOMA OF	the Co	1024	6 MO
9	F	underlying couse lost. PART 2. OTHER SIGNIFICANT	conditions c	Ader ONTRIBUTING	10 CATE TO DEATH BUT	NOT RELATED TO THE TERM	THE CO	20b. IF YE	
9	CERTIFICATION	PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT OF COMPANY OF CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	(c) CONDITIONS C	ONTRIBUTING	TO DEATH BUT	N WAS PERFORMED	200 AUTOPSY	20b. IF YE	ES, WERE FINDINGS USE IFYING CAUSES OF DEA
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	1 -	FOR STATE REGISTRAR		STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	26/
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rector, page 3 irs after death once.	3. SE:	X IALE	RACE WHITE	5. DATE OF BIRTH Feb. 9, 1925	6 AGE (IN YEARS LAST BIRTHDAY) 55 YRS	IF UNL , I YEAR IF UNDER 24
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1 -	FOR - STATE REGISTRAR	DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 Î	0 2 6	7 4
	CEASED NAME FIRST	MIDDLE	AST	20 DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
{ ! YPE	CLADYS	LOUISA WAG	NER	JAN. à	28, 1981	0136
3. SE		RACE 5. DATE O	F 8IRTH	6. AGE (IN YEARS LAST BIRTH		
B	Female (Paucasian MAY		75	YRS.	HOURS MIN.
	EW JERSEY	USA WIDOWE		9 BALTIMORE CITY OF MONTGO	MERY Co.	MD.
R	LOBKUILLE, MD.		ENTIST HOSPIT	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	CHEWN
Mar.	ARYLAND THONTO	and the state of t	136 INSIDE CITY LIMITS? YES NO 🗌		ENYON AVE	ENUE
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	WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W		REV. RICHARD	Reichard 9	101 VEIRS	DR. Mc
	18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BIMMEDIATE C	0	plomina	portie	APPROX BETWEEN	(MATE INTERVAL ONSET AND DEATH
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	gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF				
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	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJURY	Y IN ITEM 18, PART 1 OR PART 2)	
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	22a I certify that (I) (this hospital sow the deceased alive on obove, (I) (we) (did not) v	ottended the deceosed from 11200000000000000000000000000000000000	ed that in (my) (our) aprinion of	to den . de	- 7	that (1) (we) lost couses stated

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ather troumotic event, the

injury, or

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22b. SIGMATURE

22d PHYSICIAN'S NAME (TYPE OR PRINT)

sow the deceased alive on above, (I) (we) (did) (did not) view the

BP. DHMH-16 30M 2/80 (VRA 15, 4)

HOSPITAL

230. BURIAL, CREMATION, REMOVAL 23b. DATE ISPEST B TEB. 2 24. FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

DEGREE

ATTENDING

PHYSICIAN

23d. LOCATION BALTIMERE

DIRECTOR PHYSICIAN

STAFF

MEDICAL

22c. DATE SIGNED

St. NW WASh C. EB 5 CO. BY REGISTRAR'S SIGNATURE ADDRESS EMPAN SONG 300 N



	FOR		STATE OF MARYLAND	9 1	2 2 6 7 5
1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE S REG. NO.	12015
	CEASED NAME FIRST EDWA	ed V	WAIGHT	20. DATE OF DEATH MONTH	29-81 844 MARIE 100 MARIE 10 M
3. SE		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
70. B	Male IRTHPLACE (STATE OR FOREIGN	White 7b CITIZEN OF WHAT COUNTRY	August 25,19	0 6 0 VE	
69 Ne	W York	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED [Montgon	ery County MD
685	IVER Spring	7014 (10.	SING HOME OR OTHER INSTITUTION (SET ADDRESS) HOS PITAL	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK IN Self-Employ	yed Laundry Ma
13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	OR OTHER INSTITUTION, LIVE RESIDENCE BEFO JINTY 136. CITY OR TO PG Adelph	WN 113d INSIDE CITY LIMITS?	13e STREET ADDRESS 10512 Edgemo	ont Drive
	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN I		LAST
	Volney J. Wat		Etta Her		Same as above
		DIE WAD OR DATECT			Wife) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEO	WENCE OF UENCE OF DEATH BUT NOT RELATED TO THE TE	rminal disease or condition	GIVEN IN PART 1(a)
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	(Swall)	of Niew the bady after shath.	ATTENDING PHYSICIAN		221 PATE 513 80 8
1	22d PHYSICIAN'S NAME (TYPE Carroll 1	lahoney		orgia Ave.S.S	.Md.
230.	BURIAL, CREMATION, REMOVA (SPECIFY) Cremation		NAME OF CEMETERY OR CREMATOR Lee's Crematory	Ra Wash. D.C.	COUNTY STATE
-	UNERAL DIRECTOR Hines/Rinald	f F.H.11800 N		ATEREC'D. BY REGISTRAR 25b. REC	GISTRAR'S SIGNATURE

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O HOSPITAL OF ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.

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	1	FOR - STATE REGISTRAR	DEPARTMENT CE	STATE OF MARYLAND OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	REG. NO.	0 2 6 7 6
ge 3		PECEASED NAME FIRST PECAPRINTI MOLLIE	MIDDLE	WALDSTREICHER	JANUARY 1,	1981 YEAR 26 HOUR O
ector, pa	3.5	FEMALE		ATE OF BIRTH MONTH DAY YEAR 3 /7 2	6 AGE (IN YEARS LAST BIRTHE	MONTHS DAYS HOURS MIN.
unera)di	1	BIRTHPLACE (STATE OR FOREIGN COUNTRY) WASHINGTON, DC	U.SA WIC	ARRIED NEVER MARRIED DOWED DIMORCED		gomery MD.
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V filled in	2	MON MON	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSINTY IT GOMERY CHEVY CHASE	YES X NO	8513 FARR	ELL DRIVE
and 2 sh	0	ABRAHAM	MIDDLE KOLKER	IDA FIRST	WIDDLE	DRYER
San and Pages of	160	WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES, GT	RMED FORCES? 166 SOCIAL SECURITY FOR WAR OR DATES) 578-34-0217		TREICHER, sa	
in signed by the strending hen please remove carbon to burial, cremation, or to burial, or other traums	NO	Canditians, if any, which gave rise to immediate cause tal, stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO DEATH	OF	INAL DISEASE OR CONDI	TION GIVEN IN PART 1(0)
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iained by the hospital FUNERAL DIRECTO Suld be detached for u th the State Dept. of H PORTANT: If Item 2		saw the deceased alive a obove, (I) (we) (did) (did no	ot) view the body after death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	
BP	230	BURIAL, CREMATION, REMOVA	1/4/1981 234 NAME MOUN	OF CEMETERY OF CREMATORY T LEBANON CEMETE	WALTER !!	PRINCE GEORGES, TATE MD.
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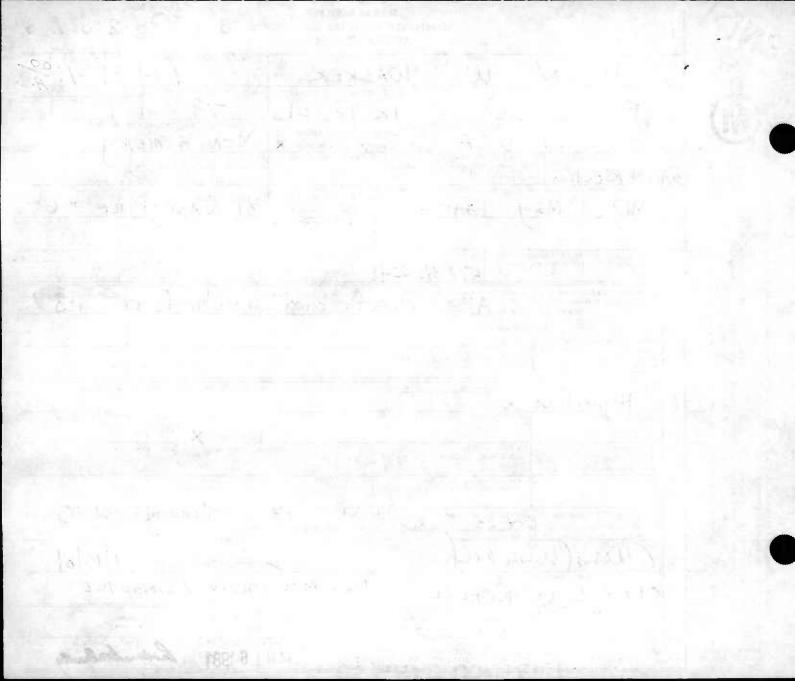
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requires that the death certificate be executed within 24 hours

TO HOSPITAL OF ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

	1.	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	0 2	5 7 8
ae 3		CEASED NAME FIRST OR PRINT) HELEN) MIDDLE	WA	LKER	2a DATE OF DEATH	MONTH DAY YEA	2b. HOUR O
	3 SE	F	1 RACE	5 DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 74 HRS
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tely filled in by should be filled examines must	13a :	STATE NO 136 CO	OR OTHER INSTITUTION, GIVE RESIDENCE BUNTY 13c. CITY OR T	OWN	131. INSIDE CITY LIMITS?	31 NA	NCY Place	#6
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sian and c s. Pages 1 l. nt, the m		VAS DECEASED EVER IN U.S., YES, NO OR UNKNOWN) (IF YES, C	ARMED FORCES? 16b SOCIAL S SIVE WAR OR DATES) 5773	46 4Z4	BARBARA D		DERWOOD, N	
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DHMH-16 25M (VRA 15, 4) 1/79	50	NAME FRANCO UNIV. BLVD. U	IS J. COLLINASONESS SILVER SPRING	.MD. 20	100	V 1 6 1981	Zishar's Sig	Bully

STATE OF MARYLAND



2	1 -	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	2 6 7 9
) _{m =}	1. DEC	CEASED NAME FIRST THOM	as Murray	Warburton	2ª DATE OF DEATH MONTH DA	= 1 01=0
aftér dea ce.	3. SE)		RACE White.	S DATE OF BIRTH MONTH DAY MAY 10, 1923	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR OF UNDER 24 HRS
72 hours	7a. 81	RTHPLACE (STATE OR FOREIGN DUNTRY) ronto, Canada	TE CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY C	DF DEATH
ed within	10 CI	ty or town of DEATH koma Park.	11. NAME OF HOSPITAL, NURSIN		12e USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE) CALL General Ma	12b. KIND OF BUSINESS OF INDUSTRY Intenance.
B and pinou	Ma:	ryland. Mont	other institution, give residence before ITY 130 CITY OR TOW tg. Silver S	pringres (+ NO (13. STREET ADDRESS 8406 N. H. Ave	. S. S. Md.
31		omas F. Warbi	arton.	Is MOTHER'S MAIDEN NA FIRST Suzanne	MIDDLE TO.	bin. LAST
Pages 1 and		VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIVE Yes.	MED FORCES? 166 SOCIAL SECU WAR OR DATES) 214-42-2		ourton (Wife)	13 e
kon proced partitions of the bury of mydry for other months of the bury of the	NO	Conditions, if ony, which gave rise to immediate cause 1a1, stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E	atic Heart De	myopathy AINAL DISEASE OR CONDITION GIVE	37 year
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should be detached for use a with the State Dept. of Heal IMPORTANT: If Item 21 is r		spw the deceased alive pn	B. Armil	DEGREE ATTENDING	death occurred on the date and hour death occurred on the date and	22c. DATE SIGNED 1/20/8/
) N N N	230 8	URIAL, CREMATION, REMOVAL Burial.		Pine Hills.		ou Canada STATE
H-16 25M 15, 4) 1/79	Kill	Here Vallers	Takoma Funera 254 Carroll S	I DOUL .	TE REC'D. BY REGISTRAR 256. REGISTR	AR'S SIGNATURE



Thomas Murrey Warburton

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executed within 24 hours after death. Page 4 may be

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PARTMENT OF HEALTH AND MENTAL HYGIENE	8		0	2	0	8	1
CERTIFICATE OF DEATH				100		-	

1-	FOR STATE REGISTRAR		DEPARTM		ICATE OF	MENTAL HYG DEATH	IENE 8	REG. NO.	0	2 0	8 ()
	CEASED NAME FIRST	,	MIDDLE	L	AST		20. DATE OF DEATH MONTH DAY YEAR			YEAR	2b HOUR	
(TYPE	Rober	t	L.	Wat	ters		Janua	ary 13,	1981		10:0	MAO
3. SE	(4 RACE		5 DATE C			6 AGE INY	EARS LAST BIRTHDA	-	INDER I YEAR	IF UNDER 24 I	
I	1ale	Caucasi	ian	June	-	1909	71		YRS	ITHS DAYS	HOURS M	NIN.
	RTHPLACE (STATE OR FOREIGN DUNTRY)		WHAT COUNTRY?	8 MARRIEI	D 🛣 NEVER	MARRIED -		RE CITY OR	OUNTYO	DEATH Ounty		
	Maryland	U.S.A.		WIDOWE	- Long	IVORCED [ntgomer	<u>y</u>			MD.
	iy or town of death Iney	Montgo	HOSPITAL, NURSIN THE FACILITY, GIVE STREET A MERY GENE	address)	or other in		Oist.S	occupation k for most of wi upt.Col	orking life)	IZE KIND O	portat	
130 S	<u> </u>	or other institution.	GIVE RESIDENCE BEFORE	N	YES 🗶	CITY LIMITS?		Frede	rick F	Road		
14 FA	THER'S NAME William	MIDDLE H.	Waters		15. MOTHER	Mary	MĒ	WIDDLE		Hoy l'é	ī	
	VAS DECEASED EVER IN U.S. A VES, NO OR UNKNOWN) (IF YES, GIT NO	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECUI		Magal	is D.Wa	ters (same as	s 13e))		
CATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS C		CHRONIC OBSTRUCTIVE TO O, OR AS A CONSEQUENCE OF SCONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM SHOCK IN RECEN ONDITION FOR WHICH OPERATION WAS PERFORMED									
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B	GURIAL, CREMATION, REMOVA SPECIFY Urial	Januar	y 16 M	t.01i	vet Ce	crematory	Fred	derick	Frede	unty erick	Maryl	and
	DO W.Montgomer	rt A.Pum y Ave.,R	phrey _{ore} Fun ockville,	eral Md. 2	Homes 20850	P/A250. DATE	REC'D. BY F	981	RECISTRA	Y ME	URE	

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbompopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the

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STATE OF MARYLAND FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 CERTIFICATE OF DEATH REG. NO

- 1	1. DE	CEASED NAME OR PRINT)	FIRST		MIDDLE		LAST	2a. DATE OF DEAT	H MONTH	DAY	YEAR	26 HOUR		
) 5 9 9	0	OR PR(N))	May	nard	D	W	atkins		1	13	81	9:00F		
	3 SEX			4 RACE		5 DATE (6. AGE IN YEARS LAS	BIRTHDAY)		DER I YEAR	IF UNDER 24 HRS		
		Male		Whit	te	Ma		89	YR	MONTH	DAYS	HOURS MIN		
1		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN O	F WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH						
	1	Maryland			S.A.	WIDOW	DIVORCED	Montgo	nery			М		
1		TY OR TOWN OF D	ATH	11. NAME OF	F HOSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY						
		Olney			omery G	enena	* Hospital	Farme				A C		
L	13a. S		13b COU	VTY	13c. CITY OR TO	WN	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 23101 Davis Mill Rd.						
4		aryland	Mont	gomery	Germant	own	YES NO K		Davis	Mil	Rd.			
C	14. FA	THER'S NAME Willa:	rd	WIDDLE	Wa tkins		15. MOTHER'S MAIDEN NA FIRST Charlot	44100	.E	Will	liams	ST.		
	160 V	AS DECEASED EVE		MED FORCES?			17 INFORMANT		2105 V	fbook	errv	St.		
1	(,	ES, NO OR UNKNOWN)	(8-763, 617	E THAN ON DATES	217-36-	-7257	Charlotte Ka	uffman,	Hyatt	vill	le, M	ld. 2078		
1		II CAUSE OF DEA	TH Enter or	sly one course pr	er line for public	No.	0.7					MATE OUTSEVAL OHAT AND DEATH		
١		PART I. DEATH		TE CAUSE (a)_	Car	dra	a lower, a	100			~	phy		
1	-	2 4860 DUE TO, OR AS A CONSEQUENTAGED HEROLOTON										Jamo		
1			y, which	(b)_	600	Alm	Mond for	and "			U	1 Prince		
1		gave rise to in	ing the	DUE TO	OR AS A CONST	A.D	1	- 11			1	Wash		
-		underlying cour	and the same of th	(15_		Divar	notherman	nd odle	AN-			and		
1	z	PART 2. OTHER STATIFICANT CONTINUE CONTINUE AND TO DEATH BUT NOT RELATED TO THE TEXA NAME STATE STATE OF THE WAR THE TOTAL												
\dashv	4110	1% DATE OF OPER	Nroad	WW.	DITEDNISOD WHIC	7 AGON	N WAS PERFORMED	70s AUTOPSY?	120s. IF	VES. WE	RE EINITUR	NGS USED		
2	CERTIFICATION			1100		C. C. L.	THE CHARLE	VESTI NOT				OF DEATH?		
₹	CER	THE ACCIDENT WAS U		- Contract (Contract (Cont	OF INJURY		TIL HOW INJURY OCCUR	RED (DIVING MATURE)	POLIFY IN THE	- Inch	RPART 2)	- Cond		
П	¥	OR CONTRIBUTING		Page 1 Court Court	A.M. MONTH I	DAY YEAR								
1	MEDICAL	214. INJURY OCCU	RRED	21e. PLAC	E OF INJURY		211 LOCATION	nn o	ETDWH	- 4	THEOLOGIC	STATE		
	Σ	WHILE D NOT	T MACY	10	TREET, FACTORY, OFFICE	TAME TO .	nv	circ	1.0		21	31,416		
-1		77s I certify that	ti (this hosp	tal arrend	he deceased from	ol	19	to	13	19_5	4	that (t) (w las		
- 1		spw the decep above, (f) page	and alive on	the bod			nd that in (my) (our opinion	death accurred on t	e date and	hour and	from the	causes stated		
- 1	- 3	22h SIGNATURE	11	NN	1.2	2 20	RECHEE .	102255m = 9	326		ZZL DATE	SIGNED O		
			/	117	July		M S ATTENDING	MEDICAL DIMETRAL	STAFF.		1	11 TIX		
٦	9	THE PERSONS	ME THE O	Aumi C	110		234. ADDRESS	11/10	b	M	N.	STAC 1		
		1	4.	MIN	1)()		18101211	MUND	N/'	NIN	ly 10	10 -417		
	23n. 8	URIAL, CREMATION	REMOVAL				EMETERY OR CREMATORY	234 LOCATION	1	COUN	7	STATE		
		Burial		Jan. 17			r Seneca	Cedan	Grove,	Mor	itg.,	Md.		
ĺ	24. FL	NAME Olin	I. Mo	leguont	h D APDRESS	Domoco	25a. DAT	E REC'D, BY REGISTE		SISTRAR'S	SIGNAT	URE		
-1		01111	2, 110	TOBMOT	right offer.	Damasc	us, ru.	N21 1981	-	/		7		

IL OR ATTENDING PHYSICIAN. The law the hospital or attending physician

DHMH - 16 50M 1/76 (VR A 15 (4))

PLEASE TO THE RESIDENCE OF THE PARTY OF THE . Itin else I is a entitation companies and gra estatura estatura delicita e figulia Les Lyndres and Thurs of older 1991 - C-VI AGN COLLA - 18 3/1 17 18 1 Ward Lyd Strain Onto 1.40 the first property of in a contract of the second second

executed within 24 hours at

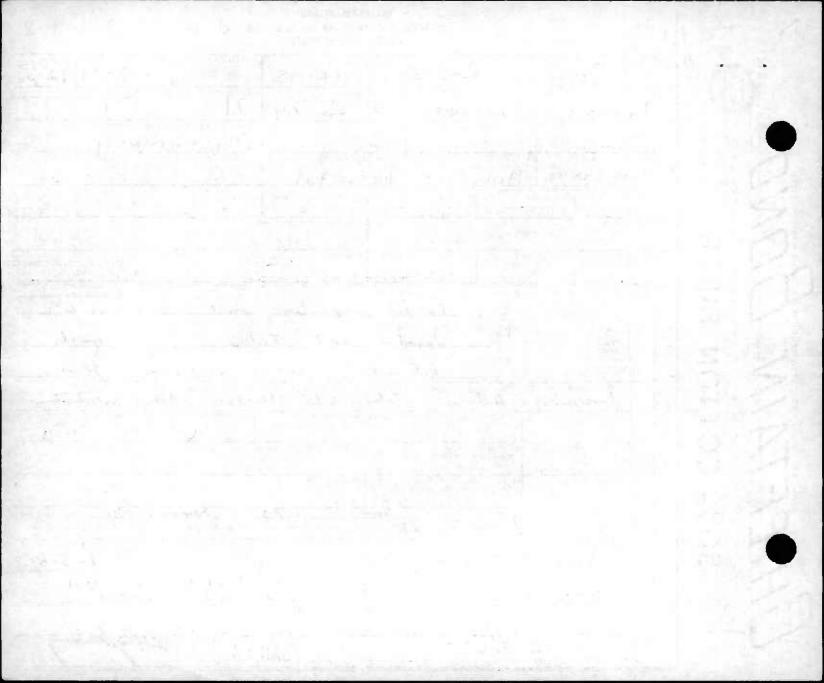
requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

DHMH-16 30M 2/B0 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral distance should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 7.2 has with the State Dept. at Health and Mental Hygiene prior to burial, cremation, ar removal.

1	1.	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG		0 5, NO.	2 6	8 2
10	I. DE	CEASED NAME FIRST ROPERINT) REGION	ra Co	atherin	e u	atkins	20. DATE OF DEAT	H MONTH	5-81	12 PM
	3. SE	Female	1. RACE	isian	5. DATE O	PERTH PEAR OF	6. AGE (IN YEARS LA	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
17	7a. B	IRTHPLACE ISTATE OR FOREIGN COUNTRY) Washinatan. D. (76. CITIZEN OF WHA	AT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED X	MONT	COME	OF DEATH	MD.
88	10. c	ilver Spring		PITAL, NURSING		ROTHER INSTITUTION	12a USUAL OCCU		FE) INDUSTRY	BUSINESS OR
Samuel be	₩5Ŭ. 13a. S	AL RESIDENCE (IF NURSING HOMEOR STATE 136. COUN MARYLAND MONT	TY 13c.	CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e. STREET ADDRE			20901
Som of the second	14. F/	ATHER'S NAME FIRST HERBERT	WIDDLE	ATKINS		15. MOTHER'S MAIDEN NA/ FIRST FLLA			CALL	AHAN
medical		WAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIVI NO	MED FORCES? 16b. E WAR OR DATES)	223-03	-6756	ANN E. KE	SIN AT EGAN		1201 MAS. SHINGTO	S.AVENUE N.D.C.
r other troumotic event, t		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS	A CONSEQUENT OF A CONSEQUENT	NCE OF	requistry Hent Fo	arrest dus	Desap	me pla	nate interval niset and death to, nt,
y injury, o	TION	Emociación.	Awter	RIBUTING TO DI	Colin		eno is s.	Artain (Hyperte	w.
Shows or	CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING			PERALIO	N WAS PERFORMED	YES NO	IN CERTIF	S, WERE FINDING FYING CAUSES (ES	
2r Hem 18	MEDICAL CI	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M.	MONTH DAY	Y YEAR	216. HOW INJURY OCCURE				<u> </u>
morked	WE	WHILE NOT WHILE AT WORK 22a.1 certify that (I) (this haspit		eceosed from	RM, ETC.)	STREET	to	DR TOWN	COUNTY	STATE hat (1) (we) last
hem 21 is		sow the deceosed alive on abave, (1) (we) (did) (did not 22b. SIGNATURE	yw the body/ofte	5 198		d that in (my) (our) apinion (auses stated
MPORTANT: H		22d PHYSICIAN'S NAME (TYPE OF	G GraniA	ni /	71	ATTENDING PHYSICIAN C	Pars had	y na	3031	5-8)
3		BURIAL, CREMATION, REMOVAL (SPECIFY) BURTAL	23b. DATE 1/7/81	1000		OD CEMETERY	23d. LOCATION CITY OR TOW WASHINGT	N	COUNTY	STATE
)	Z4 F	UNERAL DIRECTOR FRANCI 500 UNIV. BLVD			NG, MI	20901 ZAN		KAR Z5h	- Const	2



	FOR STATE REGIS
-	1. DECEASED

death. Page 4 may be

requires that the death certificate be executed within 24 hours after

completely filled in by the funeral director profession of 2 should be filed within 72 hours of

(must be notified at once.

IMPORTANT: If Item 21 is morked or Item 18 shaws any injury, or other troumatic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physician and cai should be detached for use as the burial-transt permit. Then please remove carbonpapers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

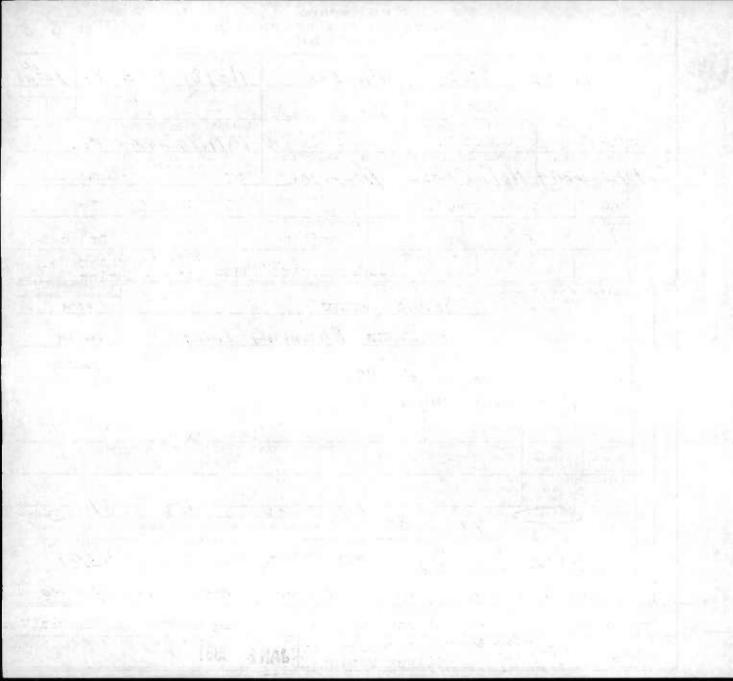
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	PEG NO					

REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.		
1. DECEASED NAME (TYPE OR PRINT)	FIRST		B B.	11/	ATSON	2a DATE OF DEATH	MONTH	3 81	26 HOUR
3. SEX	UISL	I. RACE	m b.	5. DATE C		A ACE UN EARS LAST	BIRTHDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS
Female		Whit	e	MONTH 11	DAY YEAR	82	YRS.	MONTHS DAYS	HOURS MIN.
70. BIRTHPLACE (STATE OF Maryland			WHAT COUNTRY	/? 8. MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY	OF DEATH		
10 CITY OR TOWN OF DE		11. NAME OF HOSPITAL, NURSING HO				12a USUAL OCCUPA			F BUSINESS OR
Silvers	pung	10/4	CROS.	SX	lospital	Enginke		Dome INDUSTRY	stic
USUAL RESIDENCE (IF NUE 13a. STATE Maryland	ty Blv	d. W.							
Samuel C, Bready Georgianna									scup
160. WAS DECEASED EVE (YES NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	166. SOCIAL SEC 266-92	-2633	Marguerite	hter) 20 Jones Si	00 Ma: lver	rymont Spring	Md
18 CAUSE OF DEA PART I. DEATH V	WAS CAUSED	BY:	Ph.		RANKER			BETWEEN	MATE INTERVAL ONSET AND DEATH
Conditions, if any	y, which	DUE TO, OI		-	X RESPIRATE	ry FAILL	265	1w	EEK
gove rise to in couse (a), state underlying caus	ing the		R AS A CONSEQ					14	EER
		MATURATOR		PHRITI	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIV	VEN IN PART 16	o)
190 DATE OF OPERA	ATION	19b. CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIF FYING CAUSES ES []	
	CAUSE OF DEAT	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART 1 OR PART 2)	
21d INJURY OCCUI	RRED	21e. PLACE			211. LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
22a. I certify that (i saw the decea abave (i)(we)	This hospite		/ .	7.7	12/22, 19 80 nd that in my our) opinion	, todeath occurred an the	date and have	19	that (1) we) last couses stated
22b. SIGNATURE	Toher	17 Po	sa bez		MO ATTENDING PHYSICIAN	MEDICAL ST	AFF SICIAN [1/3/	SIGNED SIGNED
Po BE	TAME (TYPE OR	POJEW.	BERG,	40	1131 UMVGR			en spen	a mo.
230. BURIAL, CREMATION Crematio	n	23b. DATE 1-6-	-81 M	letrop	emetery or crematory olitan				driä",Va
Warner E.	Pump	hrey,	Inceil	4 Geo	orgia ave	E REC'D. BY REGISTRA	AR 251 REGIS	TRAR'S SIGNAT	URE

Warner E. Pumphrey, Inc 3434 Georgia ave AN 8

BP DHMH-16 30M 2/80 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physicion.



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.

th. Page 4 may be

		1	1 -	FOR STATE REGISTRAR			DEPARTM	NENT OF H	E OF MARYLAN BEALTH AND MI ICATE OF DE	NTAL HYG		REG. NO.	0	2 5	8 4
				EASED NAME OR PRINT)	FIRST	MIDDLE			AST		28 DATE OF DE	EATH MONTH	DAY	YEAR	26. HOUR
000	death	L				cia Lee W	ayne					01	19	81	12:07/a
	- e	3	SEX			RACE		5 DATE C		YEAR	& AGE (IN YEARS	LAST BIRTHDAY)	MONT	DER I YEAR	IF UNDER 24 HRS
5	rs af	L		Female		White		02	2 7	40		40 YR			
	Z/m3	3		THPLACE (STATE OR FOUNTRY) Kentuck		USA	DUNTRY?	MARRIE WIDOWE	NEVER MA	ARRIED		city or coun			MD.
	35	9		Y OR TOWN OF DEA		II. NAME OF HOSPITAL JIE NOT IN SUCH FACILITY, O	GIVE STREET A	DDRESS)				CUPATION REMOST OF WORKING			shop
e filled in	build be fill	5	SUA 3a. S	L RESIDENCE (# NURSITATE		OTHER INSTITUTION, GIVE RESIDE TY 13c. CITY		ADMISSION)	134 INSIDE CITY	Y LIMITS?	134 STREET AD 7 007				1110
moletel wi	nd 2 sho	0		HER'S NAME FIRST	~	A.	Weil	kel	15 MOTHER'S A	ST		aby		Byr	
200	s t a	. 14	ia. W	AS DECEASED EVER			IAL SECUI		17 INFORMAN	_	sband)	ADDRESS			
	Page:	4		no	non		-50-	2234	Robert	. L.	Wayne	-(same	e as	13e	2)
cei micar	removal.			PART I. DEATH W	AS CAUSED	y ane cause per line for (c) BY E CAUSE (a)	oi, Ib Jone	mil	Ede	ma				BETWEEN C	MATE INTERVAL DINSET AND DEATH
attendin	ation, or ation, or er traum			Conditions, if any		DUE TO, OR AS ACC	ONSEQUE	NCE OF	net as	fassi				1	wh
d by the	ase remo ial, crem y, or oth			gave rise to imicause (a), statin underlying cause	ng the	DUE TO, OR AS A CO	ONDEOUE	NCE OF	CF	7				4	412
w require	Then ple ir to bur iny injur	1	NO	PART 2 OTHER SIGN	NIFICANT	onditions contribut		EATH BUT	·	12 14	INAL DISEASE C	OR CONDITION	GIVEN I	N PART 1(a	11
. Include	permit.	2	CERTIFICATION	19a DATE OF OPERA	TIÓN	196 CONDITION FO	R WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOPS	206. IF			IGS USED OF DEATH? NO D
hysician	Il-transit ntal Hyg	/	_	216. ACCIDENT WAS UNI	CAUSE OF DEAT	110.00		Y YEAR	21c HOW INJU	JRY OCCURR	ED JENTER NATUR	E OF INJURY IN ITEM	18, PART 1	OR PART 2)	
tending p	the burish and Me		4	21d. INJURY OCCUR	RED HILE	216. PLACE OF INJUR (AT HOME, STREET, FACTOR	RY, OFFICE, FA		211 LOCATION STREET		CI	TY OR TOWN	c	OUNTY	STATE
ital or at	for use as of Healtl	1		220.1 certify that 1) saw the deceas	ed olive on.	al) attended the decease	19 8	00	nd that in my (a	19 50 jur) apinian (death accurred o	on the date and I	19	*	that (we) last causes stated
the hosp	etached ate Dept NT: If Ite			226. SIGNATURE	She	ret			DEGREE ATT	TENDING Y	MEDICAL DIRECTOR [STAFF PHYSICIAN		1/19	SIGNED
stained by				PETER	B .	SHERER ,1	MD		1109 S	simg !	st #6	10 51	her.	Spring	md 20910
BP_	±8 8 €	2	3a BI (Si	JRIAL, CREMATION, Burial	REMOVAL	236 DATE -22-1981			EMETERY OR CR Deice (23d LOCATION TO CITY ON TO	ensbor	cour	Davis	STATE KV.
	H-16 25M 15, 4} 1/79	2	4 FH	acher E. 3434 Ga.	Pum Ave.	phrey, Ind	GRESS!	Lyl	430	- AN	22 198	ISTRAR 251-REG	ISTRAR'	SSIGNATI	URE

12:07a Pagridia Lad wayna Famala minite of 72 20 ho 40 a lames onigonary County Takona Park Washington Asventist Hospital --TOOT HOOKSIES Ur. Inc. Prince Geo. Lennen Cerel . Clemia Markey 1947 front CA

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executed within 24 hours ofter

STATE OF MARYLAND

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1	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG		O	2 6	8 5	
	CEASED NAME E OR PRINT)	FIRST		MIDDLE		AST	20. DATE OF DEAT	H MONTH DAY	YEAR 2b.	HOUR	
(117		MARY	ELIZA	BETH	WEIN	LEIN	JANUAR	0:45 A			
3. SE		3 0 11	4. RACE		5. DATE OF BIRTH		6. AGE (IN YEARS LAS			INDER 24 HRS	
1	FEMALE		WHIT	E		MBER 11, 1922	58	0.13	OKS PAIRS		
70 B	IRTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF WHAT COUNTRY		? 8	D NEVER MARRIED	9. BALTIMORE CIT				
I M	ichigan		U	SA	WIDOWE		MONTGOMERY COUNTY.				
10. 0	ITY OR TOWN OF	DEATH		HOSPITAL, NURS		OR OTHER INSTITUTION	120. USUAL OCCUP		12b. KIND OF BU	ISINESS OR	
) E	BETHESDA					NIH HESDA, MD.	Housew	The second second	Own ho	me	
JUSU	IAL RESIDENCE (IFN STATE	URSING HOME C	R OTHER INSTITUTION		RE ADMISSION)	134. INSIDE CITY LIMITS?	13e STREET ADDRE				
	RYLAND	Mo		ROCKVIL		YES 🗶 NO 🗌		DEN LANE	2085	52	
14. F	ATHER'S NAME	***************************************	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	I.E.	LAST		
	Andre	A7	MR 400	iklesh		Barbara		_	aser		
	WAS DECEASED EV	ER IN U.S. A	RMED FORCES?	166 SOCIAL SEC	CURITY NO.	17 INFORMANT	AD	DRESS (SAM	E AS ABO	OVE)	
	Ves	(11 125, 0	IVE WAR OR DATES!	386-48	-0725	MISS LISA M.	WEINLEIN,	DAUGHTE	R		
	18 CAUSE OF DE	ATH (Enter o	nly one couse pe	r line for (o), (b), o					APPROXIMATE BETWEEN ONSE	INTERVAL T AND DEATH	
	PART I. DEATH		ED BY: ATE CAUSE (0)	RESP1	RATOR'	Y FAILURE			30 MIN	1	
	1749	1		R AS A CONSEO	UENCE OF						
	Conditions, if c		(b)			BREAST CANCER			6 YEAF	RS	
	gave rise to couse (a), st		DUE TO, C	R AS A CONSEO	UENCE OF						
	underlying co	use lost.	(c)								
1,	PART 2 OTHER S	IGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR C	ONDITION GIVEN	IN PART 1(0)		
CERTIFICATION			10.								
ΔĀ	19a. DATE OF OPE	RATION	19b. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?		VERE FINDINGS NG CAUSES OF I		
# E							YES NO			0 🗆	
	210. ACCIDENT WAS			of injury m. month i	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18 PART	OR PART 2)		
\S_	(IF EITHER, NOTIFY A	AEDICAL EXAMIN	ER) P	.M.	19						
MEDICAL	214 INJURY OCC			OF INJURY	, FARM, ETC)	21f. LOCATION STREET	CITY	OR TOWN	COUNTY	STATE	
1	AT WORK AT	WHILE				and the same of th					
1	22a. I certify that	(X(this hos	oital) attended t	he deceosed from	JANU	ARY 2 19.81	, toJANU		_81, that		
	sow the deci	eosed olive o	n JANUAR'	y after death.	81_, 0	nd that in (XX(our) opinion	death occurred on th	ne dote and hour a			
	22b. SIGNATUR	1	DM	<	-	DEGREE	WEDICA1	CTAFF	22c. DATE SIGN	NED	
	N	Nen	No V	/			DIRECTOR PH		119	18/	
1	22d. PHYSICIAN'S	NAME (TYPE	OR PRINT)	ACANI C	1	220 ADDRESS NATIO	NAL INSTI	TUTES OF	HEALTH		
		(SR	1/1/1/	ASAN. G	ソ	CLINICAL CEN	TER, BETHES	SDA,MD. 2	20205	100	
23a.	BURIAL, CREMATIC	N, REMOVA	L 23b. DATE	23 c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	(Afther house of the contract of the		STATE	



DHMH-16 30M 2/80 (VRA 15, 4)

MMDRTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the medicologogy

W. W. Cha

Burial

Chambers

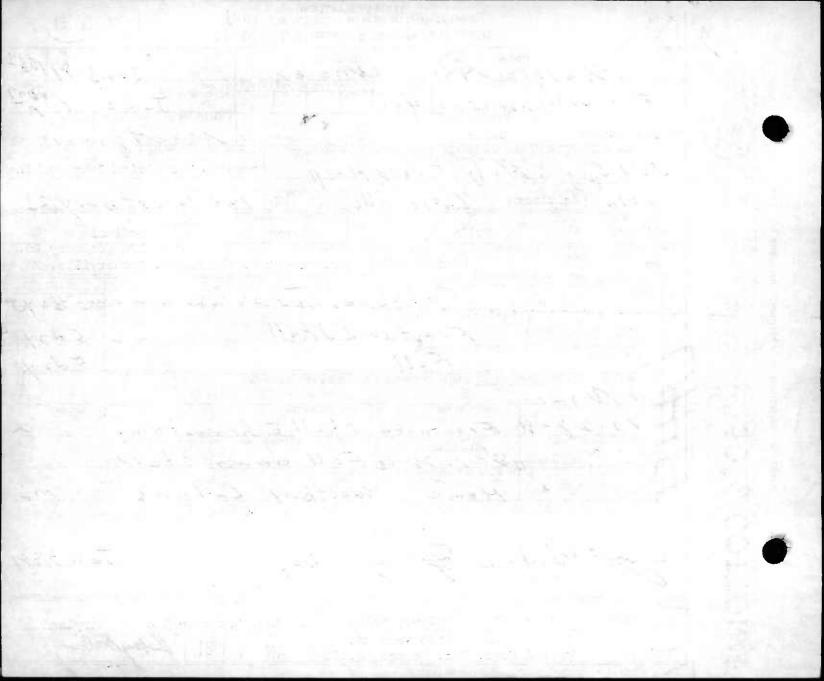
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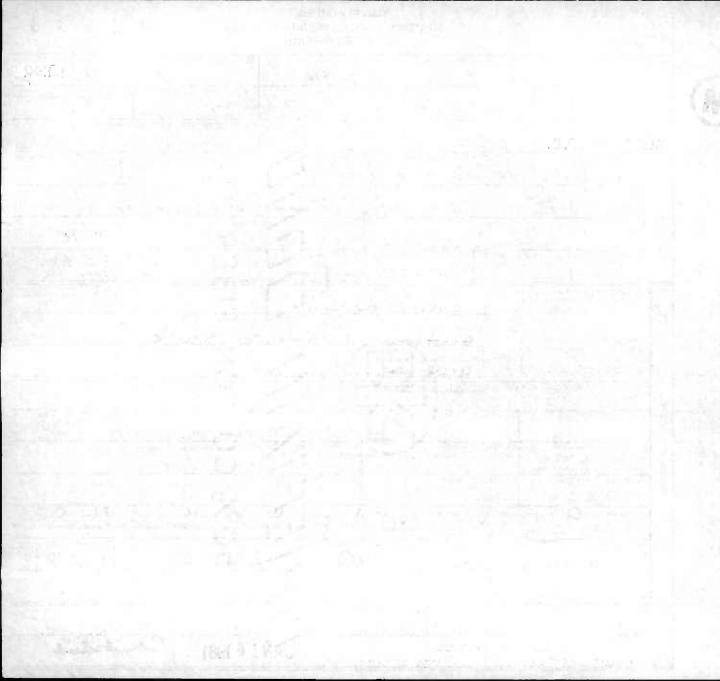
Beall SVILLE Mont

Silver Spring, Md.

	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENT. CERTIFICATE OF DEAT		0 2	086						
		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH		AR 2b. HOUR						
1	6	San	mel	Weinzier		1 26 8	1 0645Am						
MA	1958	* 11	4 RACE		AGE (IN YEARS LAST E		YEAR IF UNDER 24 HRS DAYS HOURS MIN.						
WA	ν.	ALE STUDIACE	WHITE		78	YRS.							
7.7	/a. B	RTHPLACE (STATE OR FOREIGN OUNTRY) NEW JERSEY	USA	MARRIED MEVER MARRIE	Marala	OR COUNTY OF DEAT	until "						
01	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	WIDOWED DIVORCE		ITION 12h. KI	IND OF BUSINESS OR						
28	5	ilver Spring	HOLY CA	135 HOSPITO	SALESMA	12R USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) SALESMAN RETAIL							
21	USU 13e	AL RESIDENCE (I NURSING HOME O	NOTHER INSTITUTION, GIVE RESIDENCE BEF NTY 13c. CITY OR TO	ORE ADMISSION) 134. INSIDE CITY LIA	AITS? 13. STREET ADDRES	s APT. 321A	#20910						
15		MD MO	ont. Silvera	Sphill YES IN NO!		seorgia A	venue						
50	14. 17	ATHER'S NAME FIRST ZIGMUND	WEINZIE	IS. MOTHER'S MAIL FIRST ANN		UNK	(N'ÔWN						
T		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 16h SOCIAL SE	CURITY NO. 37 INFORMANT	MRS. BESSIE ME	1992 I ER							
1		NO	124-03	5-7729 8750 GEO	RGIA AVE., APT	. 321A SII	VER SPRING,						
		18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one couse per line for (a), (b),	and (c).)	MD. 20	910 beî	WEEN ONSET AND DEATH						
			TE CAUSE (a)	lia reprenter	-y brest		hour						
		410 DUE TO, OR AS A CONSEQUENCE OF PROVACE FOR CUTS											
		Canditians, if any, which	(1b) 12.		Thorica	ung/	3 anys						
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	UENCE OF	0	.1.	C 11						
		underlying cause last. (c) Mychardis (L'MArchier CARLIE 19 day)											
	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE OR	PHILIPPOPER IN PA	RT 1(a)						
Q	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FI							
7	E E				YES NO		NO [
a	W W	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY	OCCURRED (ENTER NATURE OF IN	JURY IN ITEM 18, PART I OR PAR	RT 2)						
7	3	OR CONTRIBUTING CAUSE OF DE		19									
	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	211 LOCATION	CITY OR T	OWN COUNT	Y STATE						
	2	AT WORK NOT WHILE AT WORK	(AT HOME, STREET, PACTORY, OFFIC	E, PARM, EIC)	CHIOKI	-	. STATE						
		22a.1 certify that (1) this hasp	ital) attended the deceased from	1-7 19.	8 / . to _ /	26,198	, that (I) (we) last						
		saw the deceased alive or	of) view the body after death.	and that wilmy (our)	opinion death occurred on the	date and hour and from	n the causes stated						
		77h SIGNATURE	7) #	DEGREE		224. [DATESIGNED						
		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1/25/8/											
4		274 PHYSICIAN'S NAME CHE	OR PRINT)	22# ADDRESS 5	125 P	COLCALL.	560						
-		John A.	SALOTOTO 1	MO B	chords	Mar D.	2000						
1	23a. I	BURIAL, CREMATION, REMOVAL	23b. DATE 23	NAME OF CEMETERY OR CREMA	ATORY 236 LOCATION	euga de	Leary						
	(BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	1/27/81	HAR ZION TIFER		OSEDALE BA	ALTO STATE MD						
	24 F	UNERAL DIRECTOR SOI	L LEVINSON & BRO		Se. DATE REC'D. BY REGISTRA								
M /79		6010 REISTERSTO	OWN RD. BALTO	MD 21215	JAN 2 8 1981	perpay so	Musely						
			The Division										

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	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	EALTH AND	MENTAL HYG	IENE 8	REG. N	0.) 2	6	8	9
		CEASED NAME OR PRINT)	FIRST		MIDDLE		AST		2a. DATE O	F DEATH	MONTH	DAY	YEAR	2b. HOUI	R
		RUX)LPH		G		ITTEN				01	OB	81	205	P
1	n3. SE.	× ALE		4 RACE		S. DATE O		1889	6. AGE (IN)	YEARS LAST BIR	YRS.	MONTHS	DAYS	HOURS	24 HR MIN
185		RTHPLACE (STATE OR FI		76. CITIZEN OF	WHAT COUNTRY	? 8. MARRIE WIDOWE		R MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEAT MONTGOMERY COUNTY						
27	10. C	BETHES DA	TH	(IF NOT IN SUC	HOSPITAL, NURSI CHFACILITY, GIVE STREE AL NAVA	T ADDRESS)			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) ARMED FORCES GOVT.					SS C	
33	13a. S M	ARYLAND	13b. COUN	OTHER INSTITUTION, 1TY GOMERY	GIVE RESIDENCE BEFORE TO CKVILI	WN	YES 🗶	CITY LIMITS?	130. STREET ADDRESS 12122 WHIPPOOR			RWILL LANE			
150		JOHN	L					FIRST	NAME LAST NKNOWN						
Jed /	(VAS DECEASED EVER I YES, NO OR UNKNOWN)	(IF YES, GIV	MED FORCES? E WAR OR DATES) 7-1945	166. SOCIAL SEC			PH G WHI	TTEN J	R 121		EFAP	bbRu:	rMD.	L
ir removol. lic event, th		18 CAUSE OF DEATH PART I. DEATH W.	AS CAUSE	D BY: E CAUSE (o)	CORUBI	20 JAS	cuca	R Acc	resar				APPROXIA BETWEEN C	MATE INTER	VAL DEATH
other troumotic	1000	Conditions, if ony, gove rise to imm cause (a), stating underlying cause	ediate g the	(b)_	R AS A CONSEQUE										
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tem 18 sh		2)a. ACCIDENT WAS UNDE OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEA		M. MONTH D	DAY YEAR	21c. HOW	INJURY OCCURE	RED (ENTER NA	ATURE OF INJU	RY IN ITEM 18	B, PAR? I OR	RPART 2)		
morked or !	MEDICAL	21d. INJURY OCCURR WHILE AT WORK NOT WHI AT WORK	LE 🗍	21e. PLACE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	211 LOCAT			CITY OR TO	WN	co	YIMUC	ST	TATE
of Healt		22a I certify that (I) saw the decease above, (1) (we) (d	this hospit d olive on id) (aid not	ol) oftended th	e deceased from	BL_, or	nd that in (m	y) (our) opinion o		ed on the de		-, -, -		hot (f) (w	. ,
ote Dept. IT: If Item	_	22b. SIGNATURE	£.	1-par	and in	ms	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAI	FF X		AN .		18
with the State D	22d. PHYSICIAN'S NAME (TYPE			1	.D.		NAT]	ESS CONAL N			BE1		DA 1 NTER	1D -	
3 <u>S</u>	23a. E	URIAL, CREMATION, F SPECIFY) Cremation	REMOVAL	23b. DATE 1-10-					23d. LOCA	ation ortown shing	gton,	p.C.	NTY		TATE
2/80		INERAL DIRECTOR	IOME	WAS	NOTONIH	DC 2	0002	250. SA	NET DEBAL	98 TRAR	25% ABC	STRIPLE	SIGNATE	7	3

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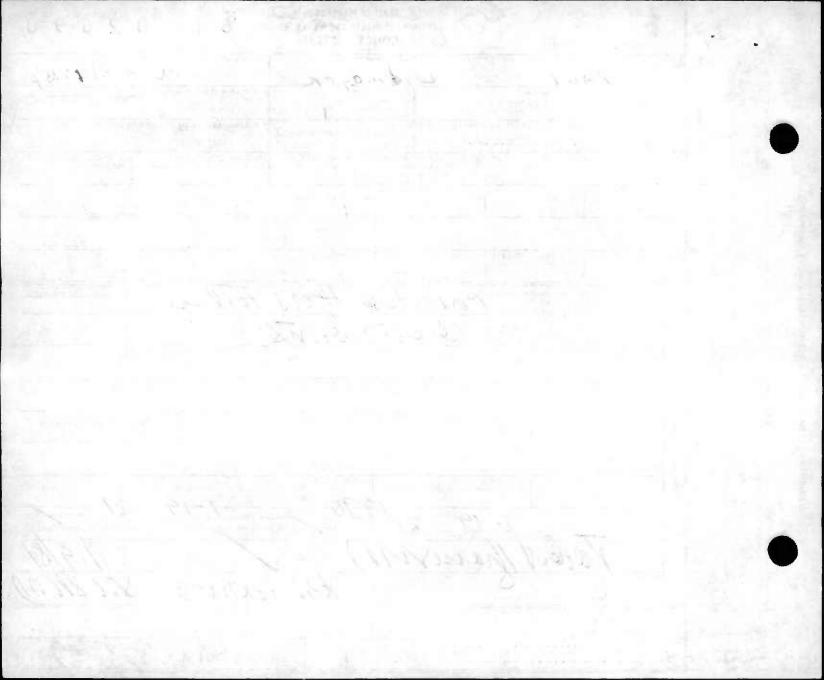
TO HOSPITALES ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 maretained by the hospital or attending physician.	TO FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral after this should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 71 from after the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notifit in the medical examiner must be notifit.
TO HOSPITALES ATTENDING PHYSICIAN: The largetained by the hospital or attending physician.	TO FUNERAL OIRECTOR: After this certificate has been signed by the attending physicis should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows a

DHMH-16 25M (VRA 15, 4) 1/79

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	0		EALTH AND MENTAL HYG	IENE 8 REG. N	0 2	2 6	9 0
	I. DECEASED NAME FIRST (TYPE OR PRINT)	FRANCIS	widi	nqyers	20 DATE OF DEATH	MONTH DAY	YEAR 25. H	15 pm
	3. SEX MALE	4 RACE WHITE	S DATE OF	DAY YEAR	4. AGE (IN YEARS LAST BIR	MONTHS YRS.	DAYS HOU	IDER 24 HRS
7	70. BIRTHPLACE (STATE OR FOREIGN WASHINGTON, D. C.	U.S.A.	MARRIE WIDOWE		MONTGO	MERY	AIH	MD.
)	10 CITY OR TOWN OF DEATH RETHESDA	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G RFTHF SDA			12a USUAL OCCUPAT (TYPE OF WORK FOR MOST ENGINE	OF WORKING LIFE) IND	KIND OF BUS DUSTRY	INESS OR
1	USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 138 COURT	OTHER INSTITUTION, GIVE RESIDE NTY 13c. CITY		134. INSIDE CITY LIMITS?	13e STREET ADDRESS		ROAD	
1	JOHN	J.	WIDMAYER	15. MOTHER'S MAIDEN NA FIRST ELL	MIDDLE	DECE	HIC	KEY_
	160. WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	-36-2170	ANN E. WID		SAME AS 13	3 W	IFE
	Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO	INSEQUENCE OF	NOT RELATED TO THE TERM	, , , , , , , , , , , , , , , , , , ,	UDITION GIVEN IN	PART I(a)	
	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20h. IF YES, WERI IN CERTIFYING O	CAUSES OF D	
-	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MON	ITH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJE	JRY IN ITEM 18, PART I OR	PART 2	
	(# EITHER, NOTIFY MEDICAL EXAMINER TIE IN JURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTOR		211 LOCATION STREET	CITY OR TO	IWN COL	UNTY /	STATE
	270 I certify that (I) (this hosp saw the deceosed olive or obove. (I) (west-to-of) (did no 27b. SIGNATURY	1 1 - 1	h. 19 8 or	DEGREE ATTENDING	death occurred on the c	AFF		
	220 PHYSICIAN NAME (TYPE C	KRAMER		no ADDRESS /	ENTIN	81. 81	181	(n)
	230. BURIAL, CREMATION, REMOVAL	236. DATE 1 /22 / 81		EMETERY OR CREMATORY	23d LOCATION CTIVERTOWN	PRING COUNT	МОМТ	ST NID

FUNERAL DIRECTOR FRANCIS J. COLLINS 500 UNIV. BLVD., W., SILVER SPRING, MD. 20901



10	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	24 ho
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	TO HOSPITAL OR ATTENDING PHYSICIAN retained by the hospital or attending physician.
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to	2		REGISTRAR CEASED NAME	FIRST	-	MIDDLE		AST OF DEAT	1	REG. N 28. DATE OF DEATH	O.	AY YEAR	26. HOUR
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100	9	3. SE	х		RACE		5 DATE O		YEAR	6. AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS
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though though	10		IRTHPLACE (STATE OR FO	DREIGN	CITIZEN OF	WHAT COUNTRY?	MARRIE	D TIEVER MARR	NED [BALTIMORE CITY C	R COUNTY	OF DEATH	
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d in	E	USU.	AL RESIDENCE (IF NURS	ING HOME OF	THER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)	\$134. INSIDE CITY LI	MITS?	13e STREET ADDRESS			
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shoul	exar	14. F/	ATHER'S NAME	M	DOLE	LAST		15 MOTHER'S MAI	IDEN NAM	AE MIDDLE		IAS	1
complet 1 and 2 s	[] 3		Frederi	ck		Wilhel		Marga	aret			McCar	
	E -		WAS DECEASED EVER		AED FORCES? WAR OR DATES)	166 SOCIAL SEC		17 INFORMANT		^G1	eason	Blvd	•
Page	å S		Yes	WW	II	073-01-	-2455	Frederi	ck W	ilhelm Pl	easan	t Val	1ev NY
signed by the attending en please remove carbor o burial, cremation, or	injury, or other trauma	z	Conditions, if ony, gove rise to imm cause 101, statin underlying cause	nediate ig the lost.	(b)	R AS A CONSEQUENT RAS A CONSEQUENTRIBUTING TO				NAL INFA	RCTION GIVE) 2,	4 Pers
te has been permit. The iene prior t	zhows and	CERTIFICATION	190 DATE OF OPERA	TION	1% COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	D	200 AUTOPSY?	200. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	IGS USED OF DEATH?
certifica l-transit intal Hyg	d d		21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEAT	HOUR A.		AY YEAR	21c HOW INJURY	OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PA	RT 1 OR PART 2)	
After this the burian	marked o	MEDICAL	21d. INJURY OCCUR	RED	218 PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211. LOCATION STREET		CITY OR TO	NN /-	COUNTY	STATE
ECTOR: or use as of Healt	m 21 is r		27= 1 certify that (1) saw the decease above (10) we like				81.	nd that in my (our)	apinian d	, to	ote and hour		that (I) (we) lost causes stated
RAL DIRI	TANT: # 116		226 SIGNATURE	28/E	Ulwa	r Gr	1	PHYS	DING KICIAN	MEDICAL STA DIRECTOR PHYSIC	FF CIAN 🗌	22c. DATE	SIGNED
TO FUNER should be d	MPORTA		ROGER	STE		ON, I		11125	Ra	KUILLE	PIKE	FROG	KUILEN
BP		23o	BURIAL, CREMATION, SPECIFY) Buria		"5 affu.	iry		eter's C	em.	Poughkee	psies.	New	York
DHMH-16 25 (VRA 15, 4) 1			UNERAL DIRECTOR	Rober A., E	t A.	Pumphrae da, Mar	y Fur yland	erar	25a. DATE	RIG BY BY RECISEAR	256. REGISTA	ARS SIGNA	Quedy

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W. Ernest Jarvis Co., Inc. 1432 U St.,

Jarvis F. H.

- STATE

TYPE OR PRINTS

REGISTRAR DECEASED NAME

24 FUNERAL DIRECTOR

DHMH-16 30M 2/80

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Local

2g DATE OF DEATH

MONTH

IF UNDER I YEAR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

YES [

COUNTY

22c. DATE SIGNED

STATE

THE STATE OF THE S injury, ar ather traumotic event, the

IMPORTANT: If them 21 is marked ar them 18 shaws ony

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_	FOR - STATE REGISTRAR				PARTMENT O	TATE OF MARY OF HEALTH AND TIFICATE OF	MENTAL HYG		REG. NO		2 6	9 3	3
	CEASED NAME OR PRINT)	Linda		Water W.	s Wills	on		Janua	_		981	26. HOUR 10:	14pm
. SE	Female		RACE white		MÇ e.	TE OF BIRTH ONTH June 30,	, 19̈́0̈́0	6 AGE (IN YEAR		YRS	IF UNDER 1 YEAR	IF UNDER 2	4 HRS
C	IRTHPLACE (STATE OR F		USA		WIDO		DIVORCED _		gome	ry	Y OF DEATH		MD.
	olney	M	ion tgo	mery	Gener	al Hos		12a USUAL O	CCUPATIO FOR MOST OF 1	WORKING LI	12b. KIND O INDUSTRY Home	FBUSINES	SOR
M	al residence (if nur STATE aryland	13b MOLLY	HER INSTITUTION,	13cST11	e before admissioned by the second se	YES [NO 🏝	13e STREE 64	pdressay	yhill	Road		
	Edwin	_	Wate				r's maiden na Mary	ME	MIDDI Gr		th ^{LAS}	т	
()	VAS DECEASED EVER YES, NO OR UNKNOWN) no	(IF YES, GIVE W			L SECURITY NO. 36-6269		MANT k F. Wil	llson, S	ADDRES		as #13	MATE INTERV. ONSET AND D	
Z	Conditions, if ony gove rise to im- couse iol, stoth- underlying couse	mediate ng the e last.	DUE TO, OR	R AS A CON	SEQUENCE OF	s alusti F		INAL DISEASE		lises	10	yıs.	
CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR W	VHICH OPERAT	TION WAS PERF	ORMED	20a AUTOP		IN CERTI	S, WERE FINDIN FYING CAUSES ES		!?
	210 ACCIDENT WAS UNI	CAUSE OF DEATH	21b. TIME OI HOUR A.A	M. MONTH	H DAY YE	AR 21c. HOW (INJURY OCCURE	RED (ENTER NATU	IRE OF INJURY	IN ITEM 18, F	PART 1 OR PART 2)		
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	220.1 certify that (I) sow the deceos above, (I) (we) (c) 22b. SIGNATURE	ed olive on did) (did not	view the body		The same of	DEGREE	ATTENDING PHYSICIAN DESS	MEDICAL DIRECTOR	STAFF				,
30 B	BURIAL, CREMATION,	REMOVAL	Jan.9,	1981	Frier	of CEMETERY OF	CREMATORY	23d. LOCAT	ION IOWN	ina	COUNTY +	Ma STATE	

24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 Francis H. Barber (VR A 15 (4))

230 BURIAL, CR

La. BIRTHPLACE

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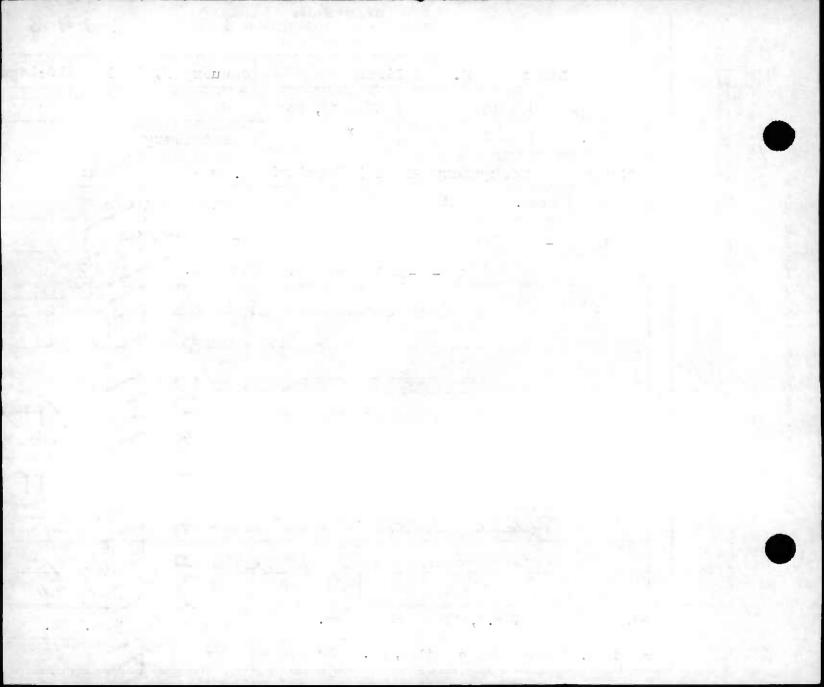
CERTIFICATION

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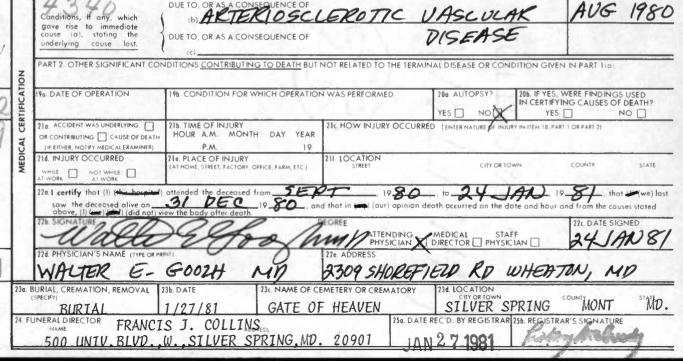
Laytons Tile, Md. 20760

Sandy Spring Mont.

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1	FOR 1 - STATE REGISTRAR	DI	PARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH		0	2 6	9 4
	DECEASED NAME FIRST TYPE OR PRINT) ELET	ANOR BES	SSETT V	ILSON	20 DATE OF DEA	AN 2	DAY YEAR 24 8/	26 HOUR AM
3.	FEMALE	4. RACE WHITE	5. DATE OF		6 AGE (IN YEARS LA	ST BIRTHDAY) YRS.	IF UNDER I YEA	
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) CONNECTICUT	u.s.A.	MARRIED WIDOWED		1.10111	GOMERY		MD.
5	TAKOMA PARK		ENS NURSIN		12a USUAL OCCU {TYPE OF WORK FOR M HOUSE	OST OF WORKING LIE		OF BUSINESS OR Y
13	MARYLAND M	OUNTY 13c. CITY C	ER SPRING	3d. INSIDE CITY LIMITS?		SLIGO C	REEK P	ARKWAY
1	FATHER'S NAME FIRST ELMER	BESSET	AST	5. MOTHER'S MAIDEN N SARAH	MIDE	L	EVERIT	ĵ
16	a WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES)	S, GIVE WAR OR DATES)	-26-0353	EDMUND P.		SAME A		HUSBAND
	PART I. DEATH WAS CA	er anly ane cause per line far (a), USED BY: DIATE CAUSE (b) CORE		CULART	HROMB	0515	APPRO BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
ŀ	Canditions, if any, which gave rise to immediate cause (a), stating the	(8)	KIOSCL	EROTIC			AU	5 1980
	PART 2. OTHER SIGNIFICAL	DUE TO, OR AS A COL		OT RELATED TO THE TER	DISEA!		EN IN PART	l(a)
TIEL ATION	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	which operation	WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FIND YING CAUSE	INGS USED
	00 000 Warning C C. 1900 0	FDEATH HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCU		A		
MEDIC	OR CONTRIBUTING CAUSE OF CHIEF AND THE MEDICAL EXAM	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,		211 LOCATION STREET	СІТУ	OR TOWN	COUNTY	STATE
	220.1 certify that (1) (this b	ocaid) attended the deceased	from 5EP	1 1986		JAN	19.81	, that (we) last



DHMH-16 30M 2/80 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remave carbanpapers. Pagini with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or removal.

TO FUNERAL DIRECTOR: After this certificate has been

TO HOSPITAL OR ATTENDING PHYSICIAN: The law getained by the haspital ar attending physicia IMPORTANT: If them 21 is marked ar them 18 shows any

injury, ar ather traumatic event, the

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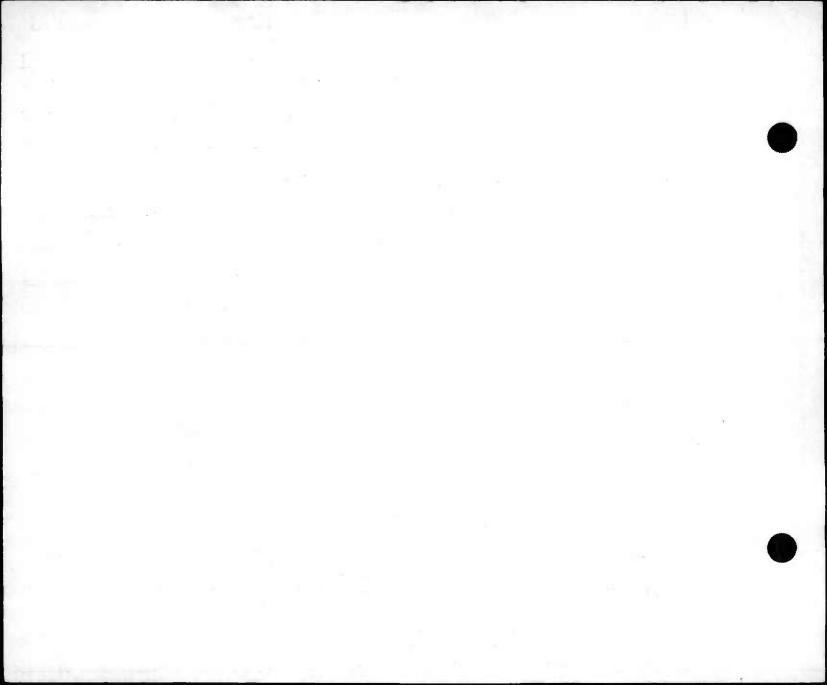
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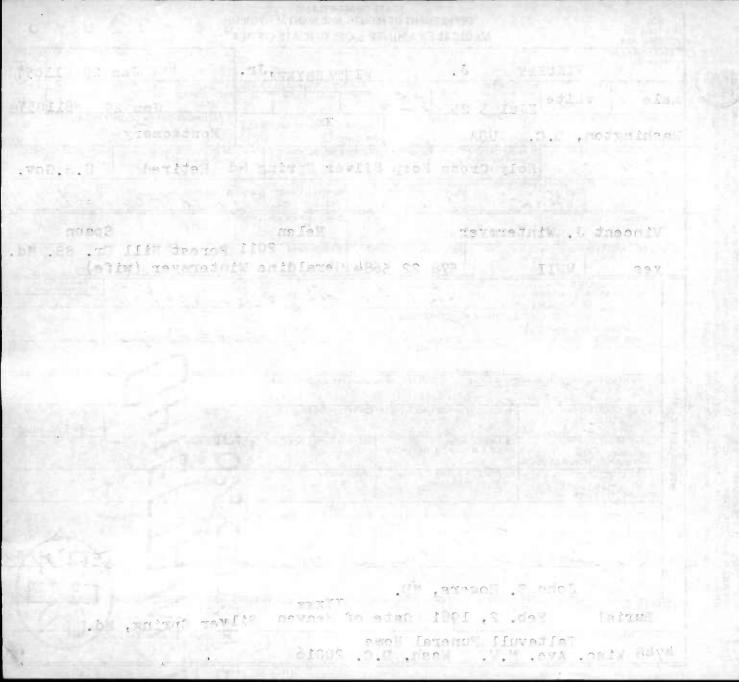
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TO HOSPITAL SEATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital or ottending physician.

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tar, page 3 ofter death	I DE	CEASED NAME OR PRINT)	FIRST FITY	Já	1	INDE	AST LIDER	2	2a. DATE OF DEATH	MONTH DA	YEAR S	21. HOUR 4
director, po bours after e.	3. SE	RTHPLACE ISTATE OR FO	EI	RACE White CITIZEN OF WH	AT COUNT	5 DATE C		YEAR 35	4 AGE IN YEARS LAST BE 4 BALTIMORE CITY	YRS.	FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN
72 1	M	OUNTRY) aruland ITY OR TOWN OF DEA		USA NAME OF HO	SPITAL, NUR	MARRIE WIDOWE	D NEVER MAI	RCED 🗌	MONTEO	mel4	1 COUX	HY MD.
are of the state o	5/2 USU	LUEL SP AL RESIDENCE IN NURS	LING HOME OF OTH	HER INSTITUTION, GN	1 CK	PORE ADMISSION)	65917	74	Housewife 13e. STREET ADDRESS		INDUSTRY	
erely fills 3.2 should mineramus	-	Md THER'S NAME		Arunde	Pasa		_	AIDEN NAM	209 Mago		ch Rd.	T
Poges, land	pa 1.	Walter VAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARMED	AR OR DATES)	b SOCIAL SE		Lilli 17 INFORMANT		ADD Windrider	Slec.	_	
physicion of on popers. Personal event, the m		IS CAUSE OF DEAT PART I. DEATH W	H (Enter only o 'AS CAUSED B'	one cause per lin	e for 101, 161, 161, 161,	ond ic	Mr. Aver	y L. +	ung	from	APPROXI BETWEEN C	MATE INTERVAL DNSET AND DEATH
not the deoth cer by the ottending ose remove carbo I, cremotian, or re other troumotic e		Conditions, if ony, gave rise to imm	which (DUE TO, OR A	S A CONSE	OUENCE OF	Brew	37	cencina	nel		
ed by the please reminial, cremin		couse (o), statin underlying cause	last	DUE TO, OR A			NOT BELLIED TO	THE TERM	NAL DISEASE OR CO			
been sign mit Then prior to bu any injury.	CERTIFICATION	19a DATE OF OPERA		<u></u>			N WAS PERFORM		20e AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED
hysician. icate hos ransit per Hygiene 18 shows		210. ACCIDENT WAS UND		21b. TIME OF II		DAY YEAR	21c HOW INJUR	RY OCCURRI	YES NO THE	YES		NO [
r this certifithe buriolist and Mentolist an	MEDICAL	21d. INJURY OCCURI	RED	P.M. 21e PLACE OF JAT HOME, STREET	INJURY	19	211 LOCATION STREET	-	CITY OR TO	OWN	COUNTY	STATE
spital or other to the spital or other to the seas the of Health and 121 is marked		22a I certify that (I) saw the decease above, (I) (we) (c	(this hospital)	1-4	10	-0 1	d that in (my) (ou	19 80 ur) opinion d	to	dote and hour		that (I) (we) fost
by the hos SRAL DIREC detached state Dept		226. SIGNATURE	han		ND		DEGREE ATTE PHY 228 ADDRESS	ENDING YSICIAN 🖆	MEDICAL ST. DIRECTOR PHYS	AFF ICIAN 🗌	22c DATE:	SIGNED -8/
retoined by TO FUNERA should be do with the Stol	23a F	AHMAD BURIAL, CREMATION,	SHI	AMIN 23b. DATE	1	3. NAME OF C			IZZE LOCATION	Laur	el, Mai	20810
BP	(Burial		Tan.8,19	- 1		d Memoria		Baltimore		OUNTY	STATE
DHMH-16 20M (VRA 15, 4) 7/78		UNERAL DIRECTOR NAME Leonard J.			ADDRESS				REC'D. BY REGISTRA		AR'S SIGNAT	
						-				7		





DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	סחר
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t i	TO HOSPITAL SA ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour retained by the hospital or attending physician.
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours efter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	2 6 9
	ECEASED NAME FIRST	MIDDLE	LAST	28. DATE OF DEATH MONTH DA	Y YEAR 26. HOUR
-	CATHER		WITTE	January 3, 19	V V
3. SE	X	4 RACE	5 DATE OF BIRTH		UNGER I YEAR IF UNDER 24 H
	Female	Caucasian	November 30, 1892		
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY C	OF DEATH
_	MARYLAND	U.S.A.	WIDOWED DIVORCED		COUNTY
10 CI	TITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION ADDRESS)	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS INDUSTRY
	AITHERS BURG		OVENTIST HOSPITAL	TELEPHONE OPERA	TOR - TELEPHO
13e. S	JAL RESIDENCE (IF HURSING HOME STATE 13h COI	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE UNITY 13c. CITY OR TOW		13e. STREET ADDRESS	
	ARUAM Mor	TGOMERY ROCKVI		9701 VIERS Mill 1	DR.
14. FA	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NAME FIRST	ME	HASI-
	HENRY	SCHOELKOPF	VICTORI		WOLFRY
	WAS DECEASED EVER IN U.S. A	IVE WAR OR DATES)		ADDRESS R	OCKVILLE, MD.
,		NONE 5792479	32 REV. DR. RICHA	RD REICHARD- 9701	-VEIRS DR.,
7	Canditians, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	eumonia		1 well
IIFICATION	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (c) (CONDITIONS CONTRIBUTING TO E	eumonia	20a AUTOPSY? 20b. IF YES, IN CERTIFY!	WERE FINDINGS USED ING CAUSES OF DEATH?
CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANI 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUE (c) 196 CONDITION FOR WHICH 216 TIME OF INJURY	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED 211 HOW INJURY OCCURE	20g AUTOPSY? 20h IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
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	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN! 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFEITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK 27a & certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did 1) 27b. SIGNATURE	DUE TO, OR AS A CONSEQUE (C) TONDITIONS CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FOR TO CONTRIBUTION) (C) (C) (C) (C) (C) (C) (C) (OPERATION WAS PERFORMED OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN	208 AUTOPSY? 706 IF YES, IN CERTIFYI YES NO YES RED (ENTER NATURE OF INJURY IN ITEM 18, PAR CITY OR TOWN 10 11 15 death occurred an the date and hour of	WERE FINDINGS USED ING CAUSES OF DEATH? NO NO COUNTY STATE
MEDICAL	Gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANI 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF B. J. ETTHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a & certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (did) 22b. SIGNATURE 22d. PHYSICIAN'S NAME TYPE	DUE TO, OR AS A CONSEQUE (c) I CONDITIONS CONTRIBUTING TO E 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DA 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F pital) attended the deceased fram non not) view the bady after death. CORPRINT) CORPRINT)	OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN 27e ADDRESS 3 3 5 5 - 16 TM	208 AUTOPSY? 208 AUTOPSY? YES NO WARNER IN CERTIFYII YES CITY OR TOWN CITY OR TOWN Add to courred an the date and have a MEDICAL STAFF DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN PHY	WERE FINDINGS USED ING CAUSES OF DEATH? NO COUNTY STATE COUNTY STATE 2 And from the couses stated 72c DATE SIGNED
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DHMH-16 25M (VRA 15, 4) 1/79

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501 PIPING ROCK DRIVE LLOYD ADDRESS SAME AS 13 DAUGHTER APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES [21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (que opinion death accurred on the date and hour and from the couses stated 22c. DATE SIGNED STAFF DIRECTOR PHYSICIAN MONTGOMERY MARYLANI STATE COUNTY WASHINGTON. 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR F RANCIS J. COLLINS **DHMH-16 25M** UNIV. BLVD. . W. . SILVER SPRING. MD. 20901 (VRA 15, 4) 1/79

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

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12h KIND OF BUSINESS OR

II. S. GOVT

IF UNDER 24 HRS

IF UNDER 1 YEAR

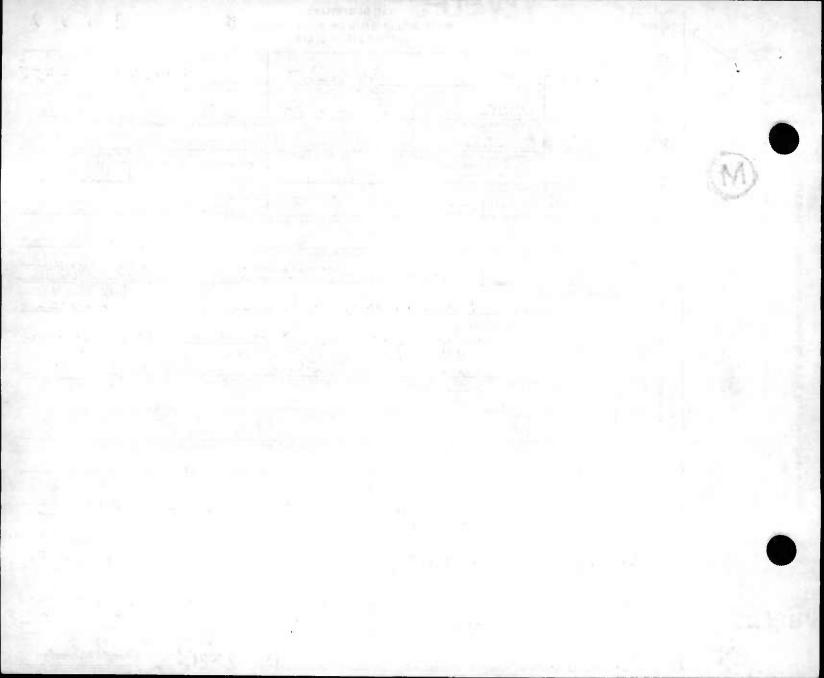
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DAYS

FOR

REGISTRAR

- STATE



Olin L. Molesworth, P.A., Damascus, Md.

FOR

REGISTRAR

I. DECEASED NAME

- STATE

DHMH-17

(VR A15 ME (5) 15M 2/80

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO 20. DATE KNOWN X 2b. HOUR 18 81 19 2d HOUR 18 19 81 9. BALTIMORE CITY OR COUNTY OF DEATH Montgomery County 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE)
Commercial Artist LAST Henne Item 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 AUTOPSY? YES X NO [COUNTY STATE Md. Montgomery DATE SIGNED 1-19-81 Montg., Md.

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IMORE, MARTIANI	se executed within 24	n and completely fills Pages 1 and 2 should
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARYLAND 21201	ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after dearning the hours offer dearning the physician.	DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral probability and a shall be filled with 172 person to the brind straight permit. Then places remained companies to the brind be filled with 172 person.
RECORDS, 201 W.	blow requires that then the	as been signed by the
DIVISION OF VITAL	CATTENDING PHYSICIAN: The late haspital at attending physician.	After this certificate his
4	ATTEND ie hospital a	DIRECTOR A

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Health and Mental Hygiene prior to burial, crematian,

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST LAST 2a DATE OF DEATH MONTH YEAR 2b. HOUR TYPE OR PRINT 2301 Yade: Emilv Zugibe 4 RACE F UNDER I YEAR 3 SEX 5. DATE OF BIRTH A.G.F. (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH YEAR White 30, 1910 70 Female Aug. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVERMARRIED COUNTRY U.S.A. New York WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 47% KIND OF BUSINESS OR (IF NOT IN SUCH SACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker At Home USUAL RESIDENCE (IF NUMEING HOME OF OTHER INSTITUTION, ONE RESIDENCE BEFORE ADMISSION)
130. STATE
131. CITY OR TOWN 13. STREET ADDRESS
6368 Lake View Drive 13d INSIDE CITY LIMITS? Fairfax Falls Church NO X Virginia YES [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Saadi Zugibe Constantine Asma Ma WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) I LIE YES, GIVE WAR OR DATES! Albert S. Yadgi. Same address as # 13. 227-70-7046 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line factor), (b), and ic PART I. DEATH WAS CAUSED BY 2 houth IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Benoun Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [YES 🖂 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED. (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY NOT WHILE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE AT WORK AT WORK 220 | certify that (1) (this hospital) ottended the deceased from sow the deceased alive on boye, (I) (we) (did) (did no) view the body after death and that a (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR | PHYSICIAN PHYSICIAN MPORTANT 274 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS EILHLER 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 236. DATE STATE (SPECIFY) CITY OR TOWN COUNTY 2/3/81 Glenwood Cemetery Burial Washington, D.C. PEDATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

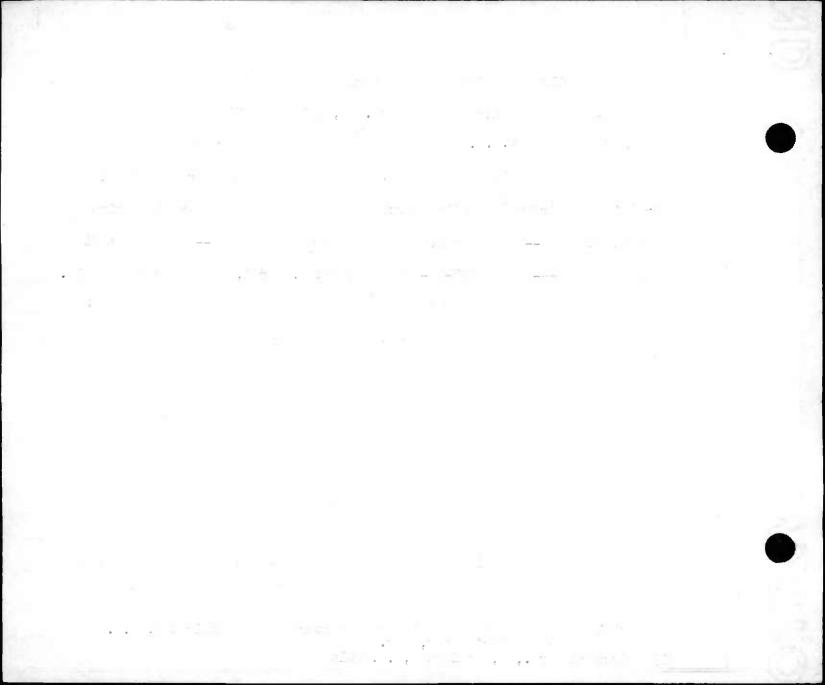
DHMH-16 20M (VRA 15, 4) 7/7B

24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc.

5130 Wisconsin Ave., NW, Washington, D.C. 20016

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should be detained with the State [FUNERAL



O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

retained by the haspital or attending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the busial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 pages after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1-	FOR - STATE REGISTRAR	DE	STATE OF MARYLA PARTMENT OF HEALTH AND A CERTIFICATE OF D	MENTAL HYGIENE 8	REG. NO.	2 / 0 2
		CEASED NAME FIRST	ort P.	Young	20. DATE OF D	DEATH MONTH DAY	81 10 PM
0	3. SE	x male	Black	5. DATE OF BIRTH	1908	72 YRS	ONDER I HEAR IF UNDER A HAS.
35		IRTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.	MARRIED NEVER A	VORCED MON		ounty MD.
68	Si	Iver Spring	(IF NOT IN SUCH FACILITY, GIV HOLY CTO	ss Hospital			12b. KIND OF BUSINESS OR INDUSTRY
35	130. 5	AL RESIDENCE (IF NURSING HOME OF STATE 136, COUN	NTY 124CFTYO	Y SPYING YES [NO □ 350°	9 Norbe	ck Rd.
50		ATHER'S NAME FIRST DAV	MIDDLE Youn	g.Sr. A	Mollie Pu	ADDRESS	LAST
le medico	160. V	NAS DECEASED EVER IN U.S. AR YES, NO OR VIKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIA	30-4939 Rub	1 Young (wi	ite) SAN	
event, th		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA	ofly one couse per line for (6), ED BY: TE CAUSE (0)	(b), and (c). The conges	Two Hourt	Fader	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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or amer		couse (a), stating the underlying couse last.	DUE TO, OR AS A CON				
ny injury,	ATION	Scheme 196 DATE OF OPERATION	Certolly	LICENSIA WHICH OPERATION WAS PERFO	asulos	- Cari Coso	
2	CERTIFICATION	21g, ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY			NO SE IN CERTIFYIN	G CAUSES OF DEATH?
Head 1	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. MONT			THE OF INJURY IN TEM 15, PART	TORPARI 2)
norked a	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC) STREET	-121	CITY OR TOWN	COUNTY STATE
am ZI is n		22a I certify that (1) (this hospi sow the deceased alive an up-ve, (1) (we) (did) (did no	of the body after death.	PS /	(our) opinion death occurred	on the date and hour or	, that (I) (we) lost and from the couses stated
= ====================================		224 PHYSICIAN'S NAME (TYPE O	7. Whex	2.0	TTENDING MEDICAL DIRECTOR	STAFF PHYSICIAN	26 Jan 81
MPORTA 	22- (Merten L	WHITE.	17-D. 1991	1 Georgia	Ave Si	Ival Spring Ad
		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL UNERAL DIRECTOR	23b. DATE 1-3/-81	DAISY CEN	rematory 23d LOCAT netery DA 250 DATE REC'D. BY REC	154 HE	ward Md.
	(Deorge R. SI	nowden &	46 N. WASh.	JAN 30 1	981	y holing

DHMH-16 30M 2/80 (VRA 15, 4) requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or ottending physician.

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FOR STATE

REGISTRAR

24		TRTHPLACE (STATE OR FORE) COUNTRY)	IGN 76 CITIZEN OF WHAT	COUNTRY? 8.	17 1930	9 BALTIMORE CITY OR COUNT	Y OF DEATH
11	Tal	Austria IIIY OR TOWN OF DEATH KOMA Park	Wash Ad	ITAL, NURSING HOME ITY, GIVE STREET ADDRESS) VENTIST HOS	OR OTHER INSTITUTION	Montgomery 120. USUAL OCCUPATION (TYPE OF WORK FOLLOWST OF WORKING L Groupe Manager	12b. KIND OF BUS INDUSTRY Hecht C
35	130 N	AL RESIDENCE (IF NURSING F STATE	HOME OR OTHER INSTITUTION, GIVE RICOUNTY 134. C	ESIDENCE BEFORE ADMISSION COLLEGE	134 INSIDE CITY LIMITS?	13. SIREELADDRESS 2nd A	ve.
60		Josef		inger	15. MOTHER'S MAIDEN NA Theresia	WIDDLE	Auer
2		WAS DECEASED EVER IN L (YES NO OR UNKNOWN) (IF	U.S. ARMED FORCES? 16b. S FYES, GIVE WAR OR DATES) 21	SOCIAL SECURITY NO. 3-54-5938	17 INFORMANT Irving Zaltz	ADDRESS man Husband. Sam	e as item
	1	gove rise to immedicause (a), stating underlying couse la	the DUE TO, OR AS A	A CONSEQUENCE OF		01	
0	CATION	cause (o), stating underlying cause la	the OUE TO, OR AS A OST. (c) CANT CONDITIONS CONTRI			WINAL DISEASE OR CONDITION GT 200 AUTOPSY? 206. IF YE	S, WERE FINDINGS U
99	DICAL CERTIFICATION	couse (o), stating underlying couse let PART 2. OTHER SIGNIFIC 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI (IF EITHER NOTIFY MEDICALE)	the lost. (c) CANT CONDITIONS CONTRI N 196 CONDITION VING 216. TIME OF INJU SEOF DEATH HOUR A.M. / P.M.	BUTING TO DEATH BU FOR WHICH OPERATION JRY MONTH DAY YEAR 19	ON WAS PERFORMED 21c. HOW INJURY OCCUR	200 AUTOPSY? 20b. IF YE	S, WERE FINDINGS UFFING CAUSES OF DEES NO
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

CERTIFICATE OF DEATH

REG. NO

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		EASED NAME FIRE	VDA	MIDDLE 2 C	1BAC	ZINSKI	20. DATE OF DEATH	MONTH SA	181	11 15
)	3. SEX	emake	PAR	PASIAN	5. DATE OF B	29, 1896	6. AGE (IN YEARS LAST BE	RTHDAN VRS.	UNDER I YEAR	HOURS 4
7		THPLACE (STATE OR FOREIGN UNTRY) Italy	76 CHILEN OF	WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED X	9 BALTIMORE CITY		F DEATH	
		Y OR TOWN OF DEATH	11. NAME OF (IF NOT IN SU	HOSPITAL, NURSIN	NG HOME OR C	THER INSTITUTION rsing Home	12a USUAL OCCUPAT 1TYPE OF WORK FOR MOST Housekeepe	ION OF WORKING LIFE)	12b. KIND OF INDUSTRY	BUSINESS
4/7		L RESIDENCE (IF NURSING H	ON OTHER INSTITUTION	GIVE RESIDENCE BEFORE 131. CITY OR TOW Wash. D.	E ADMISSION)	I. INSIDE CITY LIMITS?	13e. STREET ADDRESS		1	
7 7	4. FA	THER'S NAME	MIDDLE ROOM	LAST	15.	MOTHER'S MAIDEN NA			LAST	
a dico		AS DECEASED EVER IN U.		166 SOCIAL SECU	JRITY NO. 17	Giovanna INFORMANT arren M. Ro	bbins 530 6	ESS	S.E. W	
event, the r		18 CAUSE OF DEATH (En	ter only one couse pe	None		ARRES	T	til Du	APPROXIA BETWEEN O	AATE INTERVA
ar ather traumatic		Conditions, if ony, whi	DUE TO, CO the he st. DUE TO, CO (c)	R AS A CONSEQU	TA	lveti the	Meros	(105e	40	9 R
dun August 2	CERTIFICATION	No DATE OF OPERATION		ITION FOR WHICH			28s AUTOPSY?	[206. IF YES, 1	WERE FINDIN	GS USED
Swows A		TIE ACCEPTIVAS UNDERLIE OR CONTRIBUTING [] CAUSE	OF DEATH HOUR A		AY YEAR	CHOW INJURY OCCU	RRED (ENTER NATURE OF THE		best	
E d	O	LE BEHER, NODEY MEDICALEX		THE RESERVE TO SERVE						
arked ar Item	MEDICAL	IN BITHER HOLLY MEDICAL PA THE INJURY OCCURRED WITHER TO HOT WHILE [AT WORK	TIE PLACE	OF INJURY HET FACTORS OFFICE, F	21	LOCATION THEF	2 / 7	OWN C	2 1	STAT
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If Nem 21 is marked ar		TIE INJURY OCCURRED WHAT AT WORK AT WORK IN THE SAW THE SECOND OF THE SAW THE SECOND OF THE SAW THE	The PEACE (AT HOME, ST AT HOME	OF INJURY HET FACTORS OFFICE F	and to	not in (my) (our opinion NEE ATTENDING PHYSICIAN ADDRESS	death occurred on the control of the	6 A	S 1	hat (t) (ve avues state
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MPORTANT: # Hem 21 is marked ar	230. B	THE INJURY OCCURRED WITH A MADE TO THE	The PEACE (AT HOME II here to be determined attended the people attended to be people at the people	of INJURY HEL FACTOR OFFICE I attended from attended to 19 2 R 0	AMM OF CEM	ATTENDING PHYSICIAN ADDRESS ROBINS	death occurred on the control of the	6 & late and hour of	DAY COUNTY	16

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